

Please print clearly to expedite processing of your registration.

Dr./Mr./Ms. First Name MI Last Name	Badge Name	Title (Please check one) <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Resident <input type="checkbox"/> Hygienist <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Business Staff <input type="checkbox"/> Lab Tech <input type="checkbox"/> Student <input type="checkbox"/> Other
Office Address	Office Phone	I work for myself or Dr. _____ (First MI Last) (List Dentist first and last name only. DO NOT List company name)
Office City/State/Zip	Office Fax	Office Email (Confirmations and CE letters will go to this email)
Dental Lab/School Name	ADA Number	May we collect the name of the Hotel where you will be staying for Hawaii Visitors Bureau records? (optional) _____

	CODE	TIME	SPEAKER	AUDIENCE	CE
THURSDAY	1	8:00AM	Dr. Brian Novy	D, H, DA	3
	2	8:00AM	Dr. Dan Fischer	D, H, DA	3
	3	12:30PM	Dr. Brian Novy	D, H, DA	3
	4	12:30PM	Dr. Dan Fischer	D, H, DA	3
FRIDAY	5	8:00AM	Dr. Siang Y. Tan	D, H, DA, B	3
	6	8:00AM	Dr. Peter Moy	D, H, DA, B	3
	7	8:00AM	Mr. Tim Caruso	D, H, DA	3
	5	12:30PM	Dr. Siang Y. Tan	D, H, DA, B	3
	8	12:30PM	Dr. Peter Moy	D, H, DA, B	3
	9	12:30PM	Mr. Tim Caruso	D, H, DA, B	3

Code	Registration Type	Registration Fee	Course	Ethics Course Fees
A	HDA Member Dentist	\$0	\$85.00	\$0
A	HDA Staff Member/Spouse	\$0	\$55.00	\$100.00
C	Dental Students	\$0	\$55.00	NOT APPLICABLE
C	Laboratory Technicians	\$0	\$55.00	NOT APPLICABLE
D	Residents	\$0	\$85.00	\$0 (HDA Member Resident) \$200.00 (Non-HDA Member Resident)
H	Military (Active-Duty)	\$0	\$85.00	\$100.00
LIFE	HDA Lifetime Member	\$0	\$0	\$0
F	Non-HDA/ADA/FDA Member Dentist	\$1,150.00	\$85.00	\$200.00
G	Non-HDA/ADA/FDA Staff	\$150.00	\$55.00	\$200.00
E	ADA/FDA Dentist	\$200.00	\$85.00	\$100.00
E	ADA/FDA Dental Staff	\$75.00	\$55.00	\$100.00

**PAYMENT**

Check Payment: Please make check payable to:

**The Hawaii Dental Association**

c/o Events International/Honolulu Box Office  
 306 Kamani St. | Honolulu, HI 96813

**Credit Card Payment: Please check one:**

Master Card  Visa  American Express

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_ CWV Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Credit card users can register by fax at 808.545.5901 or mail. Please address all mail to: HDA c/o Events International/Honolulu Box Office  
 306 Kamani St. | Honolulu, HI 96813.

If you fax your registration, do not mail the original.

**REGISTRATION INFORMATION** (Required for mail & fax registration)

Registration Fee \$ \_\_\_\_\_

THU AM Course Indicate course code # \_\_\_\_\_ \$ \_\_\_\_\_

THU PM Course Indicate course code # \_\_\_\_\_ \$ \_\_\_\_\_

FRI AM Course Indicate course code # \_\_\_\_\_ \$ \_\_\_\_\_

FRI PM Course Indicate course code # \_\_\_\_\_ \$ \_\_\_\_\_

I would like to donate to HDA Foundation (\$10) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

I will attend the HDA LIFE MEMBERS ONLY Lunch Yes \_\_\_ No \_\_\_

I will attend the HDA Young Dentist / HDA Mixer Yes \_\_\_ No \_\_\_

I will attend the Honolulu County Dental Society (HCDS) Business Meeting Yes \_\_\_ No \_\_\_

**NOTES**

1. If you have a disability and require special accommodation, please contact us at 808.550.8457
2. Cancellation and Refund Policy: All cancellations received on or before March 11, 2019 will be processed for 100% refund. Cancellations must be submitted in writing (fax, letter, email) for our records. No refunds will be issued for cancellations received after March 11, 2019.
3. Please direct all inquiries to: **The Hawaii Dental Association**  
 c/o Events International/Honolulu Box Office 306 Kamani St.  
 Honolulu, HI 96813 | Phone: 808.550.8457 | Fax: 808.545.5901

Register on-line: <https://www.hawaiidentalassociation.net/continuing-education/hda-convention>  
 or Fax this form to: 808.545.5901



Hawaii  
Dental  
Association

# CE PROGRAM 2019

April 11-12, 2019 | Hawaii Convention Center | Honolulu, Hawaii

Register on-line at [www.hawaiidentalassociation.net](http://www.hawaiidentalassociation.net) and click on the “convention” tab or fill out one preregistration form per attendee (on back).

## PRE-REGISTRATION GUIDELINES

1. Please register online at [www.hawaiidentalassociation.net](http://www.hawaiidentalassociation.net) or make copies of the pre-registration form (on reverse) and submit one form for each attendee. Make enough copies for each member of your party and have them fill out the form and indicate payment choice (you can use the same credit card or write one check for the total number of forms submitted in the same envelope or fax session).
2. Be sure to **list the name of the dentist** you work with on the application form, **NOT the company name.**
3. Registration opens on January 11, 2019. Onsite registration will be available. There is no closing date for registration.
4. All Dentists must only register as dentists (not as staff, employee, exhibitor, etc.).
5. Hawaii Dental Association member dues for 2019 must be paid in full in order to register for The Hawaii Dental Association CE Program at no charge. (2019 Hawaii Dental Association dues are due by January 1, 2019.) If you register as a HDA Member and do not pay your dues, your name badge and those of your team, will be held until dues have been paid or the non-member registration fee is paid.
6. Refer to the Registration Category list to find your registration fee.
7. **Name badges, neck lanyards and meeting tote bags will be picked up onsite.** If you lose or forget your badge, a replacement will be issued onsite (sorry, you will likely have to wait in line). All cancellations received before March 11, 2019 will be processed for 100% refund. Cancellations must be submitted in writing. **No refunds for any reason will be issued for cancellations received after March 11, 2019.**
8. Parking in the Hawaii Convention Center is \$10 per exit.
9. Plan which lectures you want to attend. When selecting your lectures, be careful that lecture times do not overlap.
10. Arrive at the room early to secure a good seat. **You must wear your name badge to enter all meeting rooms. Please make sure your name badge is scanned by the door monitor. This will prove your attendance and assure that you receive credit for the class. You must attend the entire class to receive credit.** No partial credit will be given. A link to your CE certificate will be sent to you following the CE Program.
11. As a condition of renewal, Hawaii dentist licensees are required to complete 32 hours of continuing education, including CPR BLS for Healthcare providers. Plus six hours of Ethics training must be taken in addition to the thirty-two hours already required, for a total of 38 hours per biennium to renew a license.
12. All Hawaii Dentists' licenses will expire December 31, 2019.

**ADA C.E.R.P.**® | Continuing Education  
Recognition Program

### Continuing Dental Education Program

Hawaii Dental Association is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The Hawaii Dental Association designates this activity for twelve (12) continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at [ADA.org/CERP](http://ADA.org/CERP).

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*Hawaii Dental Association*