



# 2024 ODA Annual Session Registration Form

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**Doctor Registrant** (Print or Type) Only one form per office necessary

Dentist Name \_\_\_\_\_

Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ ADA # \_\_\_\_\_

Registration Codes and Fees		By 8/2	As of 8/3	Onsite
A	ODA member .....	\$99	\$125	\$125
B	Non-member .....	\$510	\$535	\$535
C	ODA retired life .....	\$0	\$62	\$62
D	ADA member (out of state) .....	\$99	\$125	\$125
DH	Hygienist .....	\$35	\$45	\$45
EF	EFDA .....	\$35	\$45	\$45
DA	Assistant .....	\$35	\$45	\$45
LT	Lab tech .....	\$35	\$45	\$45
OM	Office manager .....	\$35	\$45	\$45
RE	Front office staff .....	\$35	\$45	\$45
SP	Spouse (non-office staff) .....	\$0	\$0	\$0
MC	Minor Child .....	\$0	\$0	\$0
DS	Dental Student .....	\$0	\$0	\$0
DR	Dental Resident .....	\$0	\$0	\$0
HS	Hygiene Student .....	\$0	\$0	\$0
ST	Other Students .....	\$5	\$15	\$15

Exhibits Only registration is available for Dentists, Hygienists, Assistants, EFDAs, Office Managers and Front Office Staff but you must register online at [www.oda.org](http://www.oda.org).

Name for Badge (print or type) Last Name, First Name	License #	Registration		E-mail Address	Courses/Events (if registering for a free course, enter "0" for the Fee)								Total Fees	
		Code	Fee \$		Code	Fee \$	Code	Fee \$	Code	Fee \$				
1 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Promo Code \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

Payment Method

Check or Money Order (Payable to 2024 ODA Annual Session)  
Check # \_\_\_\_\_

Visa    MasterCard    American Express    Discover

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   Exp. Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_   Security Code \_\_\_\_\_

Signature \_\_\_\_\_   Print Name (on card) \_\_\_\_\_

**Registration Mailing Instructions**

MAIL registration form to the address below, or for faster service, register online at [www.oda.org](http://www.oda.org). Do **not** mail this form after **August 23**.

You may fax forms to (678) 341-3086 until **September 3**.

2024 ODA Annual Session  
c/o Eleventh & Gather  
6840 Meadowridge Court  
Alpharetta, Georgia 30005

**Questions?** Call (678) 341-3049