

ISDA 2024 North Idaho Conference

March 1, 2024
 8:00 am - 4:00 pm
 Silver Mountain Resort- Kellogg, ID

All classes & events are included in registration

Please register by 2/23/24

Register Online



Mail registration form to:
 Idaho State Dental Association
 1220 W Hays St
 Boise, ID 83702

Fax registration form to:
 208.343.0775
Credit card registrations only
 If you fax your registration, please do not mail the original.

Questions
 Please contact the ISDA office at 208.343.7543 or at Info@TheISDA.org

1. Primary Registrant _____
 ADA Number (if known) _____
 Dental Practice Name _____
 Mailing Address _____
 City _____ St _____ Zip _____
 Phone _____ Fax _____
 Email _____

2. Registrant Types	Code	Fee
ISDA Member Dentist	01	\$75
ADA Member Dentist	02	\$125
Non-Member Dentist	03	\$300
Staff of Attending ISDA/ ADA Dentist.....	04	\$75

4. Courses & Events (check for each participant)

Making The Team: Hiring,
 Culture, Professionalism,
 Productivity
 -Laura Nelson
 6 CE

Lunch

3. Registrant Information

Reg. Fee / Code	First Name	Last Name	Office Position
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			
\$ /			

\$ Total Fees Due

Payment Method ___ Visa ___ Mastercard ___ Check (payable to ISDA) Ck# _____
 Name as it appears on card (please print) _____
 Credit Card # _____ Exp Date _____ Security Code _____
 Signature _____ Billing Address _____ Billing Zip _____

Refund Policy

A full refund, less a \$15 processing fee, will be given if request is received by February 23.

NOTE: All credit card transactions are processed in U.S. Dollars and are subject to the current exchange rate. ISDA reserves the right to audit or adjust any total charges due to registrant error.