

REGISTRATION FEES

(Includes Friday, Saturday and Sunday)

SELECT ONE CATEGORY 3/19 AND PRIOR AFTER 3/19

DENTAL: Dentist (including part-time/WOC Faculty) \$ 500 \$ 600 Graduate/Spouse/Guest of the UMKC Class of 1976 or earlier No Fee No Fee UMKC Full-Time Faculty \$ 100 \$ 100 UMKC Dental Class of 2025 No Fee No Fee UMKC Dental Classes of 2021–2024 \$ 250 \$ 300

DENTAL HYGIENE: Dental Hygienist \$ 250 \$ 300 UMKC Full-Time DH Faculty \$ 100 \$ 100 Dental Hygiene UMKC Class of 2025 \$ 125 \$ 150

SPOUSE/GUEST: Spouse, Guest (Non Dental or Dental Hygienist) \$ 55 \$ 55

OFFICE STAFF: Dental Assistant \$ 125 \$ 150 Office Manager, Auxiliary Staff \$ 125 \$ 150

STUDENT: Student No Fee No Fee

RESIDENT: Resident (any institution) No Fee No Fee

EXHIBIT HALL ONLY: Exhibits Only (No Sessions) \$150 \$150

\* Those registered as Student, Resident or Exhibit Hall Only will not receive CE credit. To receive CE credit, select appropriate registration type above.

THURSDAY PRE-CONFERENCE FEES

FEDI PERIODONTICS LECTURE Faculty No Fee Student or Resident No Fee Lecture \$ 140

ALLEN ORAL SURGERY LECTURE Lecture \$ 140 Student or Resident No Fee

CRUZ PROSTHODONTICS LECTURE Lecture \$ 165 Student or Resident No Fee

IWERSEN PEDIATRIC SYMPOSIUM Pediatric Dentist \$ 140 Non Specialist \$ 165 Aux/Staff \$ 85 Student or Resident No Fee

FRIDAY FEES

AMERICAN/INTERNATIONAL COLLEGE OF DENTISTS AND PIERRE FAUCHARD LUNCHEON: Member, Spouse or Guest of Member \$ 50 ALUMNI AND FRIENDS DENTAL HYGIENIST CELEBRATION LUNCHEON Alumni, Friend or Guest of Alumni \$ 50

SATURDAY FEES

RINEHART GRATITUDE LUNCHEON: Donor/Spouse/Guest (\$250+ in 2025) No Fee Non-Donor \$ 50 HANDS-ON WORKSHOP — ADHESIVE DENTISTRY 9 a.m.–noon (Limited Enrollment) \$ 300 HANDS-ON WORKSHOP — IS OVERDENTURE THE NEW DENTURE? 2–5 p.m. (Limited Enrollment) \$ 300 Student/Recent Grad Event No Fee

SPECIAL SUPPORT

POURING FROM THE HEART GALA Individual ticket \$ 200 Table Sponsor (10 tickets) \$ 2,000 I cannot attend, but want to support student/patient vouchers \$ WIN A DINNER FOR TWO AND A ROOM WITH A VIEW: Donation to Dental Scholarship \$ 20 x = \$ Donation to Dental Hygiene Scholarship \$ 20 x = \$

DONATION TO THE SCHOOL OF DENTISTRY'S RINEHART FOUNDATION \$

TOTALS: REGISTRATION FEE \$ SPECIAL FEES \$ OTHER REGISTRANTS' FEES \$ TOTAL PAYMENT \$

Complete one (1) form per registrant.

Title: Dr. Mr. Mrs. Ms.

First name as it should appear on name badge (please print)

Last name (please print)

Address:

Street Home Office

City State ZIP

Email:

Email is required for registration. Email must be unique to each person attending.

Day Phone: - -

Mobile Phone: - -

DDS/DMD/DH

Year School

Specialty

Year School

Registrants who are included with payment. Completed registration form is required for each registrant. Duplicate form if necessary and attach.

Name Amount

1. \$ 2. \$ 3. \$ 4. \$ 5. \$

TOTAL PAYMENT DUE FOR ALL, IF MULTIPLE REGISTRANTS

\$

PAYMENT OPTIONS

VISA MasterCard Discover American Express

Card #

Print cardholder's name

Expiration Date Security Code

Check # enclosed, payable to the UMKC Dental Alumni Association

\*\*Packets for pre-registered attendees will be available for pickup in the lobby of the Sheraton Kansas City Crown Center Hotel beginning Thursday, April 23, at 7 a.m.

PRE-REGISTER BY MARCH 19, 2026, AND SAVE UP TO \$100



**KANSAS CITY,  
MISSOURI**

**APRIL 23-26  
2026**

# REGISTRATION INFORMATION

## TO REGISTER BY MAIL

Complete the registration form and mail it with your payment to:

UMKC School of Dentistry Alumni Office  
650 E. 25th St.  
Kansas City, MO 64108-2784

*Save up to \$100 by mailing your form by Thursday, March 19, 2026.*

**USE ONE (1) FORM PER PERSON.** Each dentist, dental hygienist or assistant, spouse or guest must register on a *separate* form. Duplicate the form as necessary. However, one check or credit card number may be used to pay for an office or group of attendees.

**PAID REGISTRATION IS REQUIRED** to attend ANY scientific session, exhibit or program. A spouse or guest may attend dental sessions and exhibits by registering and paying the appropriate fee.

**MARK THE APPROPRIATE CATEGORY.** Dentists, dental hygienists or assistants, and office staff may not be registered as a spouse or guest. **No exceptions.**

**ALL INFORMATION AND PAYMENT** must be included with your registration for it to be processed. **RECEIPTS** for payment and donations are available upon request.

*Refunds will not be made after  
Thursday, March 19, 2026, for any reason.*

## TO REGISTER BY FAX

Complete one registration form per registering attendee with unique email address per individual and fax completed form(s) to:

**Fax:** 816-235-5892  
**Hours:** 8 a.m. to 4 p.m. (CST) weekdays

People with speech or hearing impairments can reach UMKC by using Relay Missouri, 800-735-2966 (TT) or 800-735-2466 (Voice)

## ON-SITE REGISTRATION

Registrations received after Thursday, March 19, 2026 will be considered "After 3/19" and subject to an increased fee, except where noted on the registration form.

## ONLINE INFORMATION

For up-to-the-minute conference information and news, visit the Midwest Dental Conference website at [midwestdentalconference.org](http://midwestdentalconference.org). You can also email us at [mdc@umkc.edu](mailto:mdc@umkc.edu).

## REGISTER ONLINE

Go to  
[midwestdentalconference.org](http://midwestdentalconference.org)  
or scan the QR code here.

