

REGISTRATION FEES

(Includes Friday, Saturday and Sunday)

SELECT ONE CATEGORY 3/14 AND PRIOR AFTER 3/14

- DENTAL:
Dentist (including Part-time/WOC Faculty).....\$ 500.....\$ 600
Graduate/Spouse/Guest of the UMKC Class of 1974
or earlierNo Fee.....No Fee
UMKC Full-Time Faculty.....\$ 100.....\$ 100
UMKC Dental Class of 2023No Fee.....No Fee
UMKC Dental Classes of 2019-2022\$ 250.....\$ 300

- DENTAL HYGIENE:
Dental Hygienist.....\$ 250.....\$ 300
UMKC Full-Time DH Faculty.....\$ 100.....\$ 100
Dental Hygiene UMKC Class of 2023.....\$ 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:
StudentNo Fee.....No Fee

- RESIDENT:
Resident (any institution)No Fee.....No Fee

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

THURSDAY PRE-CONFERENCE FEES

- FEDI PERIODONTICS LECTURE
PatronNo Fee
FacultyNo Fee
Student or ResidentNo Fee
Non Contributors\$ 140

- ALLEN ORAL SURGERY LECTURE
Lecture.....\$ 140
Student or ResidentNo Fee

- CRUZ PROSTHODONTICS LECTURE
Lecture.....\$ 165
Student or ResidentNo Fee

- IWERSEN PEDIATRIC SYMPOSIUM
Pediatric Dentist\$ 140
Non Specialist.....\$ 165
Aux/Staff.....\$ 85
Student or ResidentNo Fee

ADDITIONAL FRIDAY FEES

- AMERICAN/INTERNATIONAL COLLEGE OF DENTISTS & PIERRE
FAUCHARD LUNCHEON:
Member, Spouse or Guest of Member\$ 40
ALUMNI AND FRIENDS DENTAL HYGIENIST CELEBRATION LUNCHEON
Alumni, Friend or Guest of Alumni\$ 40

ADDITIONAL SATURDAY FEES

- RINEHART RECOGNITION LUNCHEON:
Donor/Spouse/Guest (\$250+ in 2023)No Fee
Non Donor\$ 40
HANDS-ON WORKSHOP — PORCELAIN LAMINATE VENEERS
9 a.m.-Noon (Limited Enrollment)\$ 300
HANDS-ON WORKSHOP — PRIMARY MOLAR
2-5 p.m. (Limited Enrollment)\$ 300
HANDS-ON WORKSHOP — DIGITAL DENTURES
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)\$ 2000
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 11, at 7 a.m.

PRE-REGISTER BY MARCH 14, 2024, AND SAVE UP TO \$100



KANSAS CITY, MISSOURI

APRIL 11-14
2024

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 14, 2024.

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 14, 2024, 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)

ONSITE REGISTRATION

Registrations received after Thursday, March 14, 2024 will be considered "After 3/14" 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. You can also email us at mdc@umkc.edu.

REGISTER ONLINE

Go to
midwestdentalconference.org

or scan the QR code here.

