

ENROLLMENT FORM



YOUR ANNUAL MEMBERSHIP INCLUDES ALL THIS:

- Get Access to Over 100 On-Demand Training Modules
- Online Distance Learning Available 24/7/365
- FREE Ticket to the 2018 PDAA Annual Conference - \$497 Value!
- Certified CE Credit for attending PDAA Annual Conference
- Helpful Modules for Team Meeting Material & Trainings
- Join Our Nationwide Network of Pediatric Dental Professionals

A single,
flat rate for
everyone in
the entire
office!

Only \$595/yr
/office location

Doctor's Full Name: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Method: Visa MC Amex Discover Check

Card Number: _____

Expiration: _____ Security Code: _____ Billing Zip: _____

Signature: _____

Date: _____

YOUR SIGNATURE INDICATES YOUR AGREEMENT TO THE TERMS WITHIN YOUR CREDIT CARD ISSUER'S AGREEMENT. ONCE PAYMENT IS RECEIVED, ADDITIONAL INFORMATION AND ENROLLMENT FORM FOR DENTAL ASSISTANTS WILL BE SENT TO YOU VIA EMAIL PROVIDED TO COMPLETE THE REGISTRATION PROCESS. COMPLETING AND RETURNING THIS FORM CONSTITUTES A FINANCIALLY BINDING AGREEMENT BETWEEN THE DOCTOR AND THE PEDIATRIC DENTAL ASSISTANTS ASSOCIATION. MEMBERSHIP WILL AUTOMATICALLY RENEW AFTER 12 MONTHS. MEMBERS WILL RECEIVE RENEWAL EMAIL 2 WEEKS PRIOR TO RENEWAL DATE. THIS FORM ALSO CONSTITUTES PERMISSION FOR DR. RHEA HAUGSETH AND THE PEDIATRIC DENTAL ASSISTANT ASSOCIATION TO COMMUNICATE WITH YOU ABOUT PAYMENTS, EVENTS, AND OTHER OFFERS.