



TOOTHSTOCK

PEACE, LOVE & CE

2026 MIDWINTER ATTENDEE REGISTRATION

2026 MidWinter Convention & Expo | Presented by the Sacramento District Dental Society

To submit, either scan/email to events@sdds.org OR fax (916.447.3818) OR mail your registration form OR register online at www.sdds.org.

ONE REGISTRATION FORM PER ATTENDEE Please print clearly. This information will be used to print name badges.

Attendee Name: _____ Title/Degree: _____

Member Dentist's Name: _____ ADA #: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Attendee Email: _____

**Attendee's email required - convention correspondence and handout link will be sent to this email (not main office email)*

Team Special - Register 6 staff, get the 7th FREE!

FEES (circle the rate for the above attendee)	EARLY (on/before 11/14)	REGULAR (on/before 3/4)	LATE (begins 3/5)
Dentists (ADA Members)	\$425	\$475	\$500
Dentists (ADA Members) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$375	\$400	\$450
Auxiliary (ADA Member)	\$345	\$375	\$400
Auxiliary (ADA Member) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$310	\$335	\$375
SDDS DHP Members*	\$325	\$350	\$375
SDDS DHP Members* — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$275	\$300	\$325
Dentists (Non-ADA Members)	\$900	\$950	\$999
Dentists (Non-ADA Members) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$750	\$850	\$899
Auxiliary (Non-ADA Member)	\$450	\$500	\$550
Auxiliary (Non-ADA Member) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$375	\$400	\$425

Refund/Cancellation Policy

Cancellations received in writing by February 26, 2026, will receive a full refund less \$25 per registrant processing fee. Cancellations received after this date are nonrefundable, but substitutions will be allowed. There will be no refunds for "No Shows" or for registrations made after this date.



PAYMENT METHOD: ☐ Check Enclosed ☐ Credit Card

TOTAL: \$ _____

Card #: _____ Exp. Date: _____

Cardholder Name: _____ 3-digit Security Code: _____

Billing Address: _____

***DHP stands for Dental Health Professional (auxiliary staff).** This membership is designed for dental office team members and offers discounted event and CE pricing for all DHP members. Contact sdds@sdds.org for more information on becoming an SDDS DHP member.

By registering for this event, I agree to the terms and conditions of this event. Visit sdds.org for full details. Attendees agree that if you register for the convention at the member price and your membership is not renewed by the date of the convention, you will be required to pay the balance for the advertised non-member rate. To ensure you retain the member pricing, please make sure to renew your membership before March 26, 2026.

Please make checks payable to Sacramento District Dental Society (SDDS)
2035 Hurley Way, Ste 200 • Sacramento, CA 95825 • 916.446.1227 ph • 916.447.3818 fx • www.sdds.org