

**2021 GREATER PHILADELPHIA
VALLEY FORGE
DENTAL CONFERENCE®**



**2021
GPVFDC**

Registration Form

**Register Online at:
www.gpvfdc.org**

216-342-1776
(Registration Hotline)

MAILED FORMS ACCEPTED AT:

ATTN GPVFDC C/O TMI
4350 Renaissance Parkway
Suite D
Cleveland, OH 44128

FAX TO: (216) 378-1450



**Early Registration
Deadline:**

OCTOBER 11, 2021

NOTE: 2021 ADA/PDA/SECOND DISTRICT membership dues must be paid for Second District members to pre-register for complimentary lectures.

Worrying about meeting materials is a thing of the past! All registrants must pick up materials onsite using our fast and convenient eBadge Exchange process. You gain the flexibility of up-to-the-minute registration changes or corrections.

2021 GPVFDC
OCTOBER 27-28-29, 2021

PLEASE COPY FORM FOR EACH REGISTRANT: DOCTORS AND STAFF MUST REGISTER INDIVIDUALLY.

REGISTRANT: Last Name First Name Middle Initial

ADA Number/Dental Hygienist Number/EFDA Number (REQUIRED FOR CERTIFICATION) Email Address (REQUIRED FOR CONFIRMATION)

Address (must include Suite/Apt. if applicable)

City State Zip Code

Office Telephone (include area code) Home or Mobile Phone (for emergency use only)

CHECK PDA MEMBER DISTRICT (PA Dentists Only) 1st 3rd 4th 5th 6th 7th 8th 9th 10th

2nd District

COMPLIMENTARY COURSES IF YOU PRACTICE IN BUCKS, CHESTER, DELAWARE, LEHIGH, MONTGOMERY OR NORTHAMPTON COUNTIES AND HAVE PAID YOUR 2021 DUES. (HANDS-ON COURSES #036 AND #040 NOT INCLUDED)

FOR DENTISTS - PRACTICE TYPE (CHECK ONE)

- | | | |
|---|---|--|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Oral & Maxillofacial Radiology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Dental School Faculty |
| <input type="checkbox"/> Oral Medicine | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Dental Resident |
| <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Periodontics | <input type="checkbox"/> Dental Student |
| <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Retired |

FOR AUXILIARY (CHECK ONE)

- | | |
|---|--|
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Spouse/Guest |
| <input type="checkbox"/> EFDA | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Front Desk Staff | |

**NO REFUNDS AFTER OCTOBER 11, 2021. REFUNDS ARE SUBJECT TO A \$25.00 ADMINISTRATIVE FEE.
NO REFUNDS AFTER OCTOBER 11, 2021 OR FOR CONFERENCE NO SHOWS. ALLOW FOUR WEEKS FOR REFUND PROCESSING.**

2021 GPVFDC Registration Form

2021 GPVFDC

OCTOBER 27-28-29, 2021

Early Bird Tuition by October 11

After October 11

	SECOND DISTRICT Paid Member	ADA Member	NON-ADA Member	STAFF Spouse	STUDENTS Residents	SECOND DISTRICT Paid Member	ADA Member	NON-ADA Member	STAFF Spouse	STUDENTS Residents
WEDNESDAY, OCTOBER 27										
#O30 – Dr. Tom Paumier (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O31 – Janice Hurley (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O32 – Janice Hurley (PM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O33 – Dr. Pat Little (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O34 – Dr. Pat Little (PM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O35 – Dr. Sam Low (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O36 – Dr. Sam Low (PM)** HANDS-ON	\$295	\$295	\$295	\$295	N/A	\$295	\$295	\$295	\$295	N/A
#O37 – Dr. Greg Folse (PM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
THURSDAY, OCTOBER 28										
#O39 – Dr. Greg Folse (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O40 – Dr. Greg Folse (PM)** HANDS-ON	\$295	\$295	\$295	\$295	N/A	\$295	\$295	\$295	\$295	N/A
#O41 – Dr. Elliott Hersh (PM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O42 – Mary Govoni (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O43 – Mary Govoni (PM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O44 – Dr. Jack Griffin (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O45 – Dr. Jack Griffin (PM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
FRIDAY, OCTOBER 29										
#O46 – Dr. John Molinari (Full Day)*	FREE	\$260	\$360	\$150	FREE	\$55	\$410	\$360	\$180	FREE
#O47 – Dr. Craig Ratner (Full Day)*	FREE	\$260	\$360	\$150	FREE	\$55	\$410	\$360	\$180	FREE
#O48 – FOR THE AGES SYMPOSIUM (AM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE
#O49 – FOR THE AGES SYMPOSIUM (PM)**	FREE	\$155	\$255	\$95	FREE	\$55	\$180	\$280	\$125	FREE

Notes

*Attendees purchasing full-day course tickets will receive a luncheon ticket.

**Attendees purchasing two half-day course tickets (for the same day) will receive a luncheon ticket.

***Attendees purchasing *Freedom Pass* will receive two luncheon tickets and one night hotel.

- Second District Members, Students and Residents attending FREE courses can purchase luncheon tickets for \$20.00.
- All luncheon tickets can be redeemed in the buffet area in the back of the exhibit hall.

Qualify for FREE Courses!

NON-ADA members who practice in Bucks, Chester, Delaware, Lehigh, Montgomery or Northampton counties can join the PDA/ADA/SD prior to the conference or even onsite to qualify for FREE or DISCOUNT course tickets.

Call 717-413-9946 for information.

2021 GPVFDC Registration Form

Luncheon & Tickets

(Be sure to complete address information on page 21.):

Event Name	Event #	Fee \$	Quantity of tickets	= Total Fees
Wednesday Lunch Ticket	#050	\$20.00	X	= \$
Thursday Lunch Ticket	#051	\$20.00	X	= \$
Friday Lunch Ticket	#052	\$20.00	X	= \$
Name Badge Only	#053	NO CHARGE TO VISIT EXHIBIT HALL	X	N/A
***FREEDOM PASS	#054	\$635.00	X	= \$

Freedom Pass

FOR DENTISTS WHO PRACTICE OUTSIDE OF SECOND DISTRICT... INCLUDES TWO FULL DAYS OF COURSES AND A FREE NIGHT AT THE VALLEY FORGE CASINO RESORT PLUS TWO LUNCHEON TICKETS. HANDS-ON COURSES NOT INCLUDED.
(Be sure to complete address information on page 21.):

Full Name: Dr. _____

List Two Full-Day Course Codes AND/OR Four Half-Day Course Codes below, plus Casino Resort overnight date:

Wednesday				
Thursday				
Friday				

Hotel Reservation — Select your 1 free night: ____ Tuesday Night, ____ Wednesday Night, OR ____ Thursday Night

Amount: **\$635.00**

Registration – Badge & Tickets

(Be sure to complete address information on page 21.):

Last Name	Event/ Course #	Amount	Event/ Course #	Amount	Event/ Course #	Amount	Event/ Course #	Amount
	#	\$	#	\$	#	\$	#	\$
	#	\$	#	\$	#	\$	#	\$
	#	\$	#	\$	#	\$	#	\$

PAYMENT METHOD Check (payable to VFDC) VISA MasterCard American Express

Name as it appears on credit card

Mailing address (if different from primary info)

Credit Card #

Expiration Date

Security Code #

ADA Member \$ _____

Non-ADA Member \$ _____

Staff/Spouse \$ _____

GRAND TOTAL: \$ _____

REGISTRATION HOTLINE...

216-342-1776