

2024 ADAVB CONVENTION & EXHIBITION

DESIGNING & SHAPING THE FUTURE OF DENTISTRY

FRIDAY 2 AND SATURDAY 3 AUGUST



REGISTRATION FORM AND TAX INVOICE

Complete the form below or register online at adavb.org/convention.

NOTE: One registration form per delegate. Please register online for multiple delegates or make copies of this form.

1. Dentist 2. Dental specialist 3. Dentistry student/retired 4. Dental & oral health therapist 5. Hygienist 6. Dental & oral health therapist student 7. Hygienist student 8. Dental assistant 9. Practice manager

ADAVB or ADA interstate membership number Non-member Your profession _____ (e.g. 1, 2, 3 etc. from above line)

Title First name Surname

Mobile Email
(Your confirmation and reminder will be sent to this email)

Dietary requirement(s)

MEMBER RATES	TWO DAY PROGRAM 2-3 August		DAY ONE 2 August		DAY TWO 3 August		AMOUNT (\$)
	Early bird*	Standard	Early bird*	Standard	Early bird*	Standard	
ADA member	\$790 <input type="checkbox"/>	\$950 <input type="checkbox"/>	\$415 <input type="checkbox"/>	\$525 <input type="checkbox"/>	\$415 <input type="checkbox"/>	\$525 <input type="checkbox"/>	
Non-member	\$1200 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$620 <input type="checkbox"/>	\$775 <input type="checkbox"/>	\$620 <input type="checkbox"/>	\$775 <input type="checkbox"/>	
Recent graduate member (up to 5 years)	\$380 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$190 <input type="checkbox"/>	\$237.50 <input type="checkbox"/>	\$190 <input type="checkbox"/>	\$237.50 <input type="checkbox"/>	
Recent graduate non-member (up to 5 years)	\$580 <input type="checkbox"/>	\$675 <input type="checkbox"/>	\$290 <input type="checkbox"/>	\$380 <input type="checkbox"/>	\$290 <input type="checkbox"/>	\$380 <input type="checkbox"/>	
Retired member	\$145 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$100 <input type="checkbox"/>	
Practice manager	\$280 <input type="checkbox"/>	\$350 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$190 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$190 <input type="checkbox"/>	
Dental assistant	\$180 <input type="checkbox"/>	\$220 <input type="checkbox"/>	\$99 <input type="checkbox"/>	\$118 <input type="checkbox"/>	\$99 <input type="checkbox"/>	\$118 <input type="checkbox"/>	
Dental hygienist and oral health therapist	\$280 <input type="checkbox"/>	\$350 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$190 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$190 <input type="checkbox"/>	
All students ID REQUIRED AT EVENT (dentistry)	\$145 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$100 <input type="checkbox"/>	
ADC candidates				\$220 <input type="checkbox"/>		\$220 <input type="checkbox"/>	
Students & retired (dental hygienist and oral health therapist)		\$180 <input type="checkbox"/>		\$99 <input type="checkbox"/>		\$99 <input type="checkbox"/>	
Exhibition only - select this option if only attending exhibition	Free <input type="checkbox"/>	Free <input type="checkbox"/>	Free <input type="checkbox"/>	<input type="checkbox"/>	Free <input type="checkbox"/>	Free <input type="checkbox"/>	
ADA honorary life member rate (Convention and exhibition)	Free <input type="checkbox"/>	Free <input type="checkbox"/>	Free <input type="checkbox"/>	<input type="checkbox"/>	Free <input type="checkbox"/>	Free <input type="checkbox"/>	
ADAVB Awards Night - 19 August			\$130 for all <input type="checkbox"/>				
Recent Graduates and Students Cocktail Night - 3 August	Student \$50 <input type="checkbox"/>		Recent graduate (up to 5 years) \$70 <input type="checkbox"/>		Non-member \$100 <input type="checkbox"/>		
	Total amount (\$)						

*Early bird pricing ends 31 May 2024 at 11:59pm.

Prices quoted are per person in Australian dollars, inclusive of Goods and Services Tax (GST).

Please send **completed registration form** and queries to cpd@adavb.org.

PAYMENT DETAILS

Cheque (made payable to ADAVB Inc) Card type: Visa Mastercard American Express (Diners Club not accepted)

Card number Expiry date / CVV

I, (name on card) hereby authorise ADAVB to debit my credit card for the following total amount.

Total amount \$ Cardholder's signature

(03) 8825 4600 | Post: PO BOX 9015, South Yarra VIC 3141 |

FULL PAYMENT MUST ACCOMPANY YOUR REGISTRATION, SEND TO: Australian Dental Association Victorian Branch – Level 3, 10 Yarra Street, South Yarra 3141 / PO BOX 9015, South Yarra 3141 or email cpd@adavb.org. By completing this registration form, you have read and understood all the terms and conditions (see adavb.org/convention for information) stipulated herein and agree to both the cancellation policy and privacy statement. Make a copy of this registration form and maintain it for your records. ADAVB ABN 80 263 088 594, ARBN 152 948 680 & Reg'd Assoc No. A0022649E.