



KANSAS CITY, MISSOURI

APRIL 3-6
2025

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 Friday, March 7, 2025.

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
Friday, March 7, 2025, 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)

ON-SITE REGISTRATION

Registrations received after Friday, March 7, 2025 will be considered "After 3/7" 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.



REGISTRATION FEES

(Includes Friday, Saturday and Sunday)

SELECT ONE CATEGORY 3/7 AND PRIOR AFTER 3/7

- DENTAL:
Dentist (including part-time/WOC Faculty) \$ 500 \$ 600
Graduate/Spouse/Guest of the UMKC Class of 1975 or earlier No Fee No Fee
UMKC Full-Time Faculty \$ 100 \$ 100
UMKC Dental Class of 2024 No Fee No Fee
UMKC Dental Classes of 2020-2023 \$ 250 \$ 300

- DENTAL HYGIENE:
Dental Hygienist \$ 250 \$ 300
UMKC Full-Time DH Faculty \$ 100 \$ 100
Dental Hygiene UMKC Class of 2024 \$ 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:
Student No Fee No Fee

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

- EXHIBIT HALL ONLY:
Exhibits Only (No Sessions) \$150 \$150

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

THURSDAY PRE-CONFERENCE FEES

- FEDI PERIODONTICS LECTURE
Faculty No Fee
Student or Resident No Fee
Lecture \$ 140

- ALLEN ORAL SURGERY LECTURE
Lecture \$ 140
Student or Resident No Fee

- CRUZ PROSTHODONTICS LECTURE
Lecture \$ 165
Student or Resident No Fee

- IWERSEN PEDIATRIC SYMPOSIUM
Pediatric Dentist \$ 140
Non Specialist \$ 165
Aux/Staff \$ 85
Student or Resident No Fee

FRIDAY FEES

- AMERICAN/INTERNATIONAL COLLEGE OF DENTISTS AND PIERRE FAUCHARD LUNCHEON:
Member, Spouse or Guest of Member \$ 50
ALUMNI AND FRIENDS DENTAL HYGIENIST CELEBRATION LUNCHEON
Alumni, Friend or Guest of Alumni \$ 50

SATURDAY FEES

- RINEHART GRATITUDE LUNCHEON:
Donor/Spouse/Guest (\$250+ in 2024) No Fee
Non-Donor \$ 50
HANDS-ON WORKSHOP — PREP AND IMPRESS FOR SUCCESS
2-5 p.m. (Limited Enrollment) \$ 300
HANDS-ON WORKSHOP — GUIDED SURGERY
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) \$ 2,000
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.

Table with 2 columns: Name, Amount. Rows 1-5 for registrant list.

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 3, at 7 a.m.

PRE-REGISTER BY MARCH 7, 2025, AND SAVE UP TO \$100