



# World Congress of Minimally Invasive Dentistry

## Membership Application

### **PERSONAL INFORMATION** (Please circle appropriate items in brackets)

- Name: [Mr.] [Mrs.] [Dr.] \_\_\_\_\_ Sex [M] [F]
- [DMD] [DDS] [MDT] [CDT] [RDH] Other (Degree) \_\_\_\_\_
- Informal First Name: \_\_\_\_\_
- Practice Type [Solo] [Group] # of Doctors in Practice: \_\_\_\_\_
- Primary Office Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)
- Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
- Email Address: \_\_\_\_\_ Web site Address: \_\_\_\_\_

- When did you start practicing Dentistry? \_\_\_\_\_
- Who/ What introduced you to the WCMID? [Seminar/ Lecture] [Article] [Web site] [Trade Show] [Display Ad]  
Colleague: \_\_\_\_\_ Other: \_\_\_\_\_  
(Name of Colleague) (Please Specify)
- Have you previously been a member of the WCMID? [No] [Yes] If yes, when? \_\_\_\_\_
- Are you a member of other dental organizations? [ADA] [AGD] [AACD] [ASPS] [ICOI] [ALD] [ACD] Other: \_\_\_\_\_

### **EDUCATIONAL INFORMATION**

- Dental School Attended:** \_\_\_\_\_
- Degree Earned:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

- What is your primary reason for joining the World Congress of Minimally Invasive Dentistry?**

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## World Congress of Minimally Invasive Dentistry

### Minimally Invasive Technology and Procedures Practiced

Please circle all applicable

Magnification loupes	Diagnodent	Caries Risk Assessment	Sleep Apnea	Periodontal Risk Assessment
Microscope	Implant instead of 3 unit bridge	Caries detection dye	Soft Tissue Management	Biominetic Materials
CEREC	Difoti diagnosis tool for decay	Digital X-ray  exclusively  sometimes	Endoscopy	Inlays/Onlays
Sealants	Lasers		Tooth Whitening	
Air Abrasion	Invisalign Orthodontics		Low level <input type="checkbox"/> Laser Therapy	

Please Check Appropriate Membership Category Below:

- General Membership (includes a membership plaque)..... \$263.00/yr
- Faculty (Non-Practicing Dentist)..... \$164.00/yr
- Dental Student..... \$50.00/yr
- Hygienist/ Staff Member..... \$50.00/yr
- Subscription to the Journal, *Oral Health & Preventative Dentistry* \$115.00/yr

Total Fees Charged \_\_\_\_\_

**Please Make Checks Payable to the World Congress of Minimally Invasive Dentistry**

All checks from outside the United States must be paid in a U.S. bank draft or International Money Order Only

Mastercard       Visa

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip code \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

**SAVE THE DATES!!**

**World Congress of Minimally Invasive Dentistry 9<sup>th</sup> Annual Conference  
August 13-16, 2008  
Chicago Marriott Downtown Magnificent Mile**

World Congress of Minimally Invasive Dentistry  
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