Please join us for the 2020 Ski & Learn Seminar at Big Sky Resort in Big Sky, Montana! The seminar will be held between March 20 through March 23, 2020. Our group rates will be available to attendees for a two-week period, March 14 - 28.

Take advantage of discounted group rates and numerous rooming options. Lodging reservations are made directly through Big Sky Resort. Complimentary daily breakfast is included with group lodging. Stay with us at Big Sky Resort to receive discounts on ski rentals, lift tickets and more!

Sixteen hours of continuing education will be held during this convenient Friday – Monday schedule. Morning sessions will be 7:30 until 9:30 a.m. and afternoon sessions will be 4:30 until 6:30 p.m., allowing everyone to ski all day! Speakers and topics will be announced soon.

Our annual “Get Acquainted” Reception will be held on Friday, March 20 from 6:30 (immediately following the CE course) until 7:30 p.m. on the Terrace Level of the Summit in the Talus Room. The reception will feature complimentary light hors d’oeuvres, soft drinks, wine and beer. We encourage you to attend the reception and get acquainted with your fellow skiers.

Located just 45 miles south of Bozeman, Montana, the resort is easily accessible via jet service into Bozeman on Northwest, Delta, United and SkyWest Airlines. Ground Transportation is available by way of rental car or shuttle.

The Resort is only 18 miles north of the Yellowstone National Park border in West Yellowstone, MT. The park is open for winter activities through March 15. Outfitters in West Yellowstone offer winter tours via snowmobile and snow coach.

We encourage you to invite your friends, family and business associates outside of dentistry to participate! We look forward to seeing you on the slopes in 2020!
27th Annual Ski & Learn Seminar  Big Sky Resort March 20-23, 2020

Name ___________________________________________ Badge Name_________________________________
First M.I. Last

Mailing Address __________________________________________ City State Zip
Street, P.O. Box, etc.

Email __________________________________________ Phone (__) (__) (__) Office Cell

Guests (include first and last names for all guests):  Spouse _______________________________________

Adult Guests (include adult children over age 18):
__________________________________________________________

Children (include first and last names for all children under 18):
Child/Youth Name __________________________ Age ______ Gender __________

Child/Youth Name __________________________ Age ______ Gender __________

Child/Youth Name __________________________ Age ______ Gender __________

LODGING OPTIONS: Make your lodging reservations directly through Big Sky Resort. Call (800) 548-4486 and ask for the “Alabama Dental Association” rate. Rates do NOT include a 19% lodging, state, or resort tax. Children 10 and under stay free. You must be a guest at Big Sky Resort to receive the lift ticket discount.

Arrival Date __________________________ Departure Date __________________________

Please provide us with your lodging accommodations:
(Reservations are made directly with Big Sky Resort)

**Shoshone** (Breakfast included)
- Shoshone 1 Bedroom Suite (Up to 4 guests) $348-$423 per night
- Shoshone 1 Bedroom Loft (Up to 4 guests) $517-$592 per night

**Village Center** (Breakfast included)
- Village Center Studio (1-2 guests) $237-$262 per night
- Village Center Slopeside (1-2 guests) $257-$282 per night

**Huntley Lodge** (Breakfast included)
- Huntley First Class (1 Guest) $205 per night
- Huntley First Class (2 Guests) $230 per night
- Huntley First Class (3 Guests) $255 per night
- Huntley First Class (4 Guests) $280 per night
- Huntley Mountain View (1 Guest) $225 per night
- Huntley Mountain View (2 Guests) $250 per night
- Huntley Mountain View (3 Guests) $275 per night
- Huntley Mountain View (4 Guests) $300 per night

**The Summit** (Breakfast included)
- Summit Studio (1 Guest) $243 per night
- Summit Studio (2 Guests) $268 per night
- Summit 2-Queen Hotel (1-4 guests) $278-$353 per night
- Summit 1-King Hotel (1-2 guests) $298-$323 per night
- Summit 1 Bedroom (1-4 guests) $524-$599 per night
- Summit 2 Bedroom (1-4 guests) $684-$759 per night

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PAYMENT AND REGISTRATION FEES DUE WITH THIS FORM.
*ADA MEMBER SEMINAR REGISTRATION FEE BEFORE FEBRUARY 1
ADA #: ________________________________
$550 x _______ = $ _______

*ADA NON-MEMBER SEMINAR REGISTRATION FEE BEFORE FEBRUARY 1
$850 x _______ = $ _______

**ADA MEMBER SEMINAR REGISTRATION FEE AFTER FEBRUARY 1
ADA #: ________________________________
$650 x _______ = $ _______

**ADA NON-MEMBER SEMINAR REGISTRATION FEE AFTER FEBRUARY 1
$950 x _______ = $ _______

16+ CE Hours—includes breakfast & afternoon snacks

NON-DENTIST REGISTRATION FEE PER PERSON (see description)
$75 x _______ = $ _______

WITH YOUR SEMINAR REGISTRATION FEE, THERE IS NO CHARGE FOR YOUR SPOUSE AND UP TO 2 CHILDREN (under 18) OF A DENTIST. This fee is intended for more than two children under 18, children or guests over age 18, friends and non-family members who attend.

MAKE CHECKS PAYABLE TO ALABAMA DENTAL ASSOCIATION

TOTAL FEES ENCLOSED = $ _______

Additional Required Information:
I plan to attend Seminars on the following dates: 20th: AM / PM 21st: AM / PM 22nd: AM / PM 23rd: AM / PM
Circle Seminar Days and Times, You Will Attend

Annual “Get Acquainted” Reception, Friday, March 20
Our annual “Get Acquainted” Reception will be held on Friday, March 20 from 6:30 (immediately following the CE course) until 7:30 p.m. on the Terrace Level of the Summit in the Talus Room. The reception will feature complimentary light hors d’oeuvres, soft drinks, wine and beer. We encourage you to attend the reception and get acquainted with your fellow skiers. The RSVP information below is required by February 1, 2020.

_____ I will attend the “Get Acquainted” Reception on Friday, March 20 at 6:30 p.m.

Name ________________________________  Name ________________________________
Name ________________________________  Name ________________________________
Name ________________________________  Name ________________________________

_____ I will be unable to attend the Reception.

Friends and Colleagues
I know a friend or colleague who may be interested in attending the 2020 Ski & Learn Seminar. Please send the information to:

Name ________________________________  City/ State ________________________________
Phone ________________________________  Email ________________________________

Return to: ALABAMA DENTAL ASSOCIATION/ 836 Washington Avenue/ Montgomery, AL 36104
Phone (800) 489-2532/ bigsky@aldaonline.org
Credit Card Payment Authorization Form

I, _________________________________, authorize Alabama Dental Association (Full name)

To charge my credit card account indicated below for ______________________ on or after (Amount)

__________________________. This payment is for __________________________. (Date) (Description of Service)

<table>
<thead>
<tr>
<th>Account Type:</th>
<th>□ Visa</th>
<th>□ MasterCard</th>
<th>□ AMEX</th>
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<td>Expiration Date:</td>
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</tbody>
</table>

Cardholder Name: _________________________________

Billing Address: _________________________________

City: __________________ State: ______ Zip: _______

Phone: (____) _______ - ______ Email: __________________

SIGNATURE ___________________  DATE ____________

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.