Component Resources Program Assistance Request Form

Return this completed form to Andrea Hoover at ach@padental.org or fax at (717) 232-7169.

**Volunteer Point Person Information:**

Name: _______________________________________

Address: _______________________________________

City/State/Zip: _______________________________________

Phone: (___________)______________________________

Email: ___________________________________________

District/Local Society: ______________________________

Brief event description/purpose (social or CE?):

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

**Billing Information:**

Name: _______________________________________

Address: _______________________________________

City/State/Zip: _______________________________________

preferred Shipping Method – applies to name badge and certificate shipment only. $5 standard USPS fee, at cost for heavier mailings; UPS and FedEx at cost.

_____ United States Postal Service (default)

_____ UPS

_____ FedEx

*Please attach the tentative schedule and details for your event (i.e. time, location information, speaker bio if applicable, sponsors). Your request will not be processed unless this information is received.*

**Volunteer Point Person (VPP) Agreement**

The volunteer point person (VPP) must be designated and is solely responsible for decisions related to the event promotion and PDA’s assistance. This request cannot be processed without a designated VPP.

Are you the volunteer point person for this event?  _______ Yes  _______ No

*Must be signed by the VPP*

I agree to be the volunteer point person for this project. I agree to be the sole volunteer that assists PDA staff with reviewing and approving email text, identifying the email timeline and any other decisions regarding the event promotion. I understand that PDA will provide a price quote for approval and that prices may vary per project.

Signed: _________________________________________________________  Date:__________________

*Must be signed by the VPP*

**Target Audience**

Choose the group(s) of people you wish to receive promotional information about your event.

_____ PDA Members (select member type below)

_____ All members  _____ Actively practicing

_____ Retired/Retired Life/Permanently Disabled

_____ New Dentists (10 years or less out of dental school or residency)

_____ Non-members

_____ New Dentists (10 years or less out of dental school or residency)

**Other specifications:**

_____ Women only  _____ District/Local leaders only

Other: ____________________________
### Assistance Options and Pricing

Select the option(s) you would like to purchase. **Options A, B and C include all services listed.** Pricing is listed with each service.

#### Option D *available for CE courses only; speaker must be an ADA or PDA member.

**Option D is customizable – select individual services that match your registration method (PDA online registration or district/local society handles registration). Pricing is listed with each service.**

<table>
<thead>
<tr>
<th>PDA Online Registration</th>
<th>District/Local Society Handles Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance form. Custom sign-in sheet to be used during on-site registration. Attendance form will be sent via email to the volunteer point person. – $10</td>
<td>Registration form. Hardcopy registration form, sent via email in PDF/Word format. <em>The volunteer point person (VPP) is responsible for printing and mailing the registration form.</em> All event details must be provided, including: program name and description, goals of program, speaker bio, date &amp; location, CE credits received, and pricing and payment information. – $25</td>
</tr>
</tbody>
</table>
| Speaker evaluation form. Custom speaker evaluation form that can be used to assess the success of the program. The form will be sent via email to the VPP. – $10 | Electronic mailing list or mailing labels. Select this option if you plan to mail the registration form. **Must complete standard PDA LIST AND LABEL REQUEST FORM in addition to this form.** List and Label Request Form will be emailed to the VPP.  
  - $30 per district  
  - $15 per local  
  - Plus shipping cost if ordering mailing labels |
| Customized CE certificates. Printed CE certificates with attendees’ names will be mailed to the VPP, who is responsible for signing and distributing the certificates at the conclusion of the course. 1-50 – $25 plus shipping cost | Attendance form. Custom sign-in sheet to be used during on-site registration. Attendance form will be sent via email to the VPP. – $10 |
| CE certificate template. Use this template to send certificates to any last-minute registrants or walk-ins. Template will be emailed to VPP in Word document format. VPP is responsible for customizing certificates with names and distributing the forms after the course. – $25 | Speaker evaluation form. Custom speaker evaluation form that can be used to assess the success of the program. The form will be sent via email to the VPP. – $10 |
| **Check here if you would like your CE course to qualify for CERP.** PDA will provide you with the list of guidelines for CERP approval. | CE certificate template. Template will be emailed to VPP in Word document format. VPP is responsible for customizing certificates with attendees’ names, printing and distributing forms at the course. – $25 |

---

Please check your requested information for accuracy. Requests will be reviewed within five business days of receipt, at which time a price quote will be shared with the VPP. Prices may vary per project request. PDA will invoice the district/local society within 10 business days upon conclusion of the event.