

REGISTRATION

WVDA ANNUAL SUMMER SESSION - July 18 - 20, 2024 - The Greenbrier

Name: _____ DDS RDH DA Other

Address: _____
Street or PO Box (City) (State) (Zip)

Email: _____ Tel: _____

Spouse/Guests: _____

Dentist and Auxiliary/staff fees include, tour of exhibits, coffee, danish, lunch with exhibitors, past presidents' reception, and heavy hors d'oeuvres gathering the evening of July 19.

Spouse/guest fees include coffee, danish, lunch with exhibitors, past presidents' reception, and heavy hors d'oeuvres gathering the evening of July 19..

<u>Dentists</u>	<u>Fee Prior to July 1</u>	<u>Fee After July 1</u>
WVDA Member Dentist	\$ 550	\$ 650
ADA Member Dentist	\$ 700	\$ 800
Dentist Not Member of WVDA or ADA	\$ 1,100	\$ 1,200
Retired Dentist	\$ 350	\$ 450
WVDA Member WVU Full Time Faculty	\$ 350	\$ 450
Dental Student	\$ 0	\$ 0

<u>Spouse/Guest</u>	<u>Fee Prior to July 1</u>	<u>Fee After July 1</u>
Spouse or Each Guest of Registered Dentist	\$ 175	\$ 275
Auxiliary/Staff	\$ 350	\$ 450

TOTAL FEES \$ _____ \$ _____

\$ _____ Payable to WVDAor....Charge: Visa Mastercard Amex

Account # _____ Exp Date ____/____ Code _____

Name on Account: _____ Date: _____

Signed: _____

Mail to: WVDA, 2016 ½ Kanawha Blvd. East, Charleston, WV 25311

Tel: 304-344-5246

FAX: 304-344-5316

Email: susan@wvdental.org