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| I. REGISTER BY MAIL OR ON-LINE |  |  |
| U.S. MAIL: | ON-LINE: |  |
| Shenandoah Valley Dental AssociationP.O. Box 6697Ashland, Virginia 23005 | http://www.svdaonline.com(**CREDIT CARDS ACCEPTED** **ON-LINE ONLY**) |  |
| II. REGISTERING DENTIST/PRACTICE *(note: list ALL attendees in the space below)* |
| Practice Name: |  |  |  |  |
| Address: |  |  |  |  |
| City/State: |  | Zip: |  | Ph: |
| Email: |  |  |  |  |
| III. FEES AND ATTENDEES (you may use the back of this form if necessary) |
| ***\_\_\_\_\_\_\_\_***VDA and SVDA members @ $**175** ea. = $ ***\_\_\_\_\_\_\_\_******\_\_\_\_\_\_\_\_***Non-member Dentist @ $**250** ea. = $ ***\_\_\_\_\_\_\_\_******\_\_\_\_\_\_\_\_***Life/Retired members @ $**95** ea. = $ ***\_\_\_\_\_\_\_\_******\_\_\_\_\_\_\_\_***Dental/ Office Personnel @ **$95** ea. = $ ***\_\_\_\_\_\_\_\_******\_\_\_\_\_\_\_\_***Resident or Student @ **$95** ea. = $ ***\_\_\_\_\_\_\_\_*** ***\_\_\_\_\_\_\_\_***Late Fee $25 (please include if registering = $ ***\_\_\_\_\_\_\_\_*** After November 4) $ ***\_\_\_\_\_\_\_\_*** TOTAL ENCLOSED (BY CASH OR CHECK ONLY-PAYABLE TO SHENANDOAH VALLEY DENTAL ASSOCIATION) |
| Name | Credentials (DDS, RDH, etc) | AGD # ( | Registration Fee |
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