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| I. REGISTER BY MAIL OR ON-LINE | | | | | | |  | | | | | |  |
| U.S. MAIL: | | | ON-LINE: | | | | | | |  | | | |
| Shenandoah Valley Dental Association  P.O. Box 6697  Ashland, 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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