REGISTRATION

WVDA ANNUAL SUMMER SESSION - July 17-19, 2025 - The Greenbrier

Name: _____ ☐ D DS ☐ RDH ☐ DA ☐ Other

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

Email: _____ Tel: _____

Spouse/Guests: _____

Dentist and Auxiliary/staff fees include tour of exhibits, breakfast, lunch with exhibitors, past presidents' reception, and heavy hors d'oeuvres gathering the evening of July 18.

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	Dentists	Fee Prior to July 1	Fee After July 1
☐	**WVDA Member Dentist**	$ 650.00	$ 750.00
☐	**ADA Member Dentist**	$ 750.00	$ 850.00
☐	**Dentist Not Member of WVDA or ADA**	$ 1,200.00	$ 1 ,300.00
☐	**Retired Dentist**	$ 410.00	$ 510.00
☐	**WVDA Member WVU Full Time Faculty**	$ 410.00	$ 510.00
☐	**Dental Student**	$ 0.00	$ 0.00

	Spouse/Guest	Fee Prior to July 1	Fee After July 1
☐	**Spouse or Each Guest of Registered**	$ 200.00	$ 300.00
☐	**Auxiliary/Staff**	$ 410.00	$ 510.00
	TOTAL FEES	**$** _____	**$** _____

Please indicate which Saturday morning session you will attend:

8:30 am - Noon - The Inaugural "Dr. Jerry Bouquot Visiting Lecture Series For Dentistry"

OR

8:30 am - Noon - Young Doctors Can't Afford Not To Buy A Private Practice

$_____ Payable to WVDA .....or....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