WEST VIRGINIA DENTAL ASSOCIATION

2026 Mid-Winter Meeting
January 23-24, 2026
Embassy Suites

WEST VIRGINIA ACADEMY of GENERAL DENTISTRY

REGISTRATION

Name: _____ ☐ D DS ☐ RDH ☐ DA ☐ Other

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

Email: _____ Tel: _____

Spouse/Guests: _____

Dentist and Auxiliary/staff fees include scientific programs, tour of exhibits, coffee, danish, Installation and Awards Luncheon. Spouse/guest fees include coffee, danish, Installation and Awards Luncheon

Dentists	**Fee Prior to Jan 1**	**Fee After Jan 1**
☐ WVDA Member Dentist - Friday and Saturday	$500.00	$600.00
☐ WVDA Member Dentist - Saturday Only	$300.00	$400.00
☐ Dentist Not Member of WVDA	$700.00	$800.00
☐ Retired Dentist - Friday and Saturday	$300.00	$350.00
☐ WVDA Member WVU Full Time Faculty - Friday and Saturday	$300.00	$350.00
Others:		
☐ Dental Team Member (hygienist, assistant, office staff, etc)	$250.00	$350.00
☐ Spouse or Each guest of Dentist	$30.00	$40.00
TOTAL FEES	**$** _____	**$** _____

$_____ Payable to WVDA....or....Charge: Visa Mastercard Amx

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