

REGISTRATION

WVDA ANNUAL SUMMER SESSION - July 16 -18, 2026 - 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, breakfast, lunch with exhibitors, past presidents' reception, and heavy hors d'oeuvres gathering the evening of July 17.

Spouse/guest fees include breakfast, lunch with exhibitors, past presidents' reception, and heavy hors d'oeuvres gathering the evening of July 17.

<u>Dentists</u>	<u>Fee Prior to July 1</u>	<u>Fee After July 1</u>
WVDA Member Dentist	\$ 650	\$ 750
ADA Member Dentist	\$ 750	\$ 850
Dentist Not Member of WVDA or ADA	\$ 1,200	\$ 1,300
Retired Dentist	\$ 410	\$ 510
WVDA Member WVU Full Time Faculty	\$ 410	\$ 510
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	\$ 200	\$ 300
Auxiliary/Staff	\$ 410	\$ 510
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