

**Auxiliary to the National Dental Association  
REGISTRATION**

95th Annual NDA Convention ♦ Detroit Marriott, Renaissance Center ♦ July 25 - July 30, 2008

**PLEASE PRINT OR TYPE**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Local Auxiliary: \_\_\_\_\_

**Member of:** ANDA \_\_\_\_\_ NDHA \_\_\_\_\_ SNDA \_\_\_\_\_ NDA \_\_\_\_\_ NDAA \_\_\_\_\_

All Dental spouses and guests must register through ANDA. Members of NDA or other auxiliaries must register with their perspective group. ANDA dues or guest fee must be paid prior to confirmation of Auxiliary activities and Youth registration.

<u>ANDA Dues / Registration</u>	<u>Price</u>	<u>Number of Tickets</u>	<u>Total Cost</u>
Dental Spouse	\$60	_____	_____
Guest	\$30	_____	_____
Gospel Jazz Scholarship Luncheon	\$65	_____	_____
Fitness / Spa Day (Space limited – please register by June 30)	\$75	_____	_____
Men's Day Out in Motown	\$49	_____	_____
MGM Grand Casino & Shops	\$25	_____	_____
Scholarship Donation	\$25 or more	_____	_____

Guest Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**CHILDREN, TEEN & COLLEGE CREW PROGRAM**

**Registration Deadline June 30, 2008**

Advance registration is critical to reserve your child's space in the children/teen program. Every effort will be made to accommodate late (after June 30) and on-site registrations, however, **there is no guarantee that children will be accepted unless they are registered in advance.** We will accept on-site registration based on the number of children who can safely be accommodated with staffing, busing and space availability. **There will be an additional fee of \$200 per child / teen for late and on-site registration. Please call after June 30, 2008 to check for availability of space.**

	<u>Price</u>	<u>Number of Children</u>	<u>Total Cost</u>
On or before June 30, 2008	\$400	_____	_____
After June 30	\$600	_____	_____
On Site	\$600	_____	_____
College Crew (Includes Tiger Game)	\$ 25	_____	_____
Detroit Tiger Baseball Game Tickets	\$ 30	_____	_____

<u>Children, Teen or College Student's Name</u>	<u>Age</u>	<u>T-Shirt Size</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please make checks payable to:** ANDA (Auxiliary to the National Dental Association)

**Return registration form with payment to:** Mrs. Kathy Brisco, 1327 Dietlein Blvd., Opelousas, LA 70570

Ph: 337-942-7021 Email: [Brisco8@bellsouth.net](mailto:Brisco8@bellsouth.net) **You may fax registration form with credit information to: 337-407-9582**

AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Name as is appears on card (Please Print): \_\_\_\_\_  
 Signature: \_\_\_\_\_

Please do not send any registration fees to NDA. Checks must be payable to ANDA. Children's Program Refunds: A handling fee of \$50.00 will be assessed for cancellation up to June 30, 2008. After June 30, 50 percent of the pre-registration is non-refundable.

**All other ticket sales are non-refundable. Please make a copy of this form for your records. And return the original. Thank you.**