NATIONAL DENTAL ASSISTANTS ASSOCIATION

53rd ANNUAL CONVENTION

Sheraton Dallas Hotel

Dallas, Texas July 19-23, 2017

NAME:				TITLE:
HOME ADDRESS: _				PHONE:
CITY:	STATE	_ ZIP:		_ FAX:
EMAIL:	CELL:		_ EMPLOYER'S	NAME:
PHONE:			A	DDRESS:
Where would you prefe	r to receive ma	il? Home	Office	_ Email
Do you wish to have your information receive? YES NO		NDAA member	rship roster for all m	embers to
Have you previously held membership year? M	-	Yes No	If yes, what was	s your last
NEW AFFILIA	ATE ACTIVI	E Do you	have membership i	n a Local
Society? YES NO	If yes,			
Name	of			Local
Society				

NDAA Annual Membership Dues for Jan 1 – Dec 31, 2017 are due by April 30, 2017.

Late Fees Will Apply If Your Payment Has Not Been Received at the Address below by May 1,2017. No Exceptions

Dues Received By April 30,2017. 1,2017

Dues Received May

\$50.00.

\$70.00

NDAA Annual Convention Registration(members) Registration(members) Received May 1, 2017 **Late Convention**

\$75.00.

\$95.00

Dental Assistant Student Registration/Dues (Student I.D.Required)

\$50.00.

Annual Convention Registration(non member)

Late Convention Registration (non

members) Received May 1, 2017

\$150.00. \$170.00.

PERSONAL CHECKS ARE NOT ACCEPTED DURING ONSITE REGISTRATION.
MAKE CHECKS PAYABLE TO THE NATIONAL DENTAL ASSISTANT
ASSOCIATION(NDAA)

Mail Checks to Treasurer: Lynn Beech, 2002 Primrose Place, Chapel Hill, TN 37034. Please confirm receipt of your registration form to: lbeech@wgsmd.com. Your information will be distributed to the Executive Board & Committee Chairs for NDAA business. If you have any question please contact Angela Bowens, NDAA President at ang1117ela@aol.com.