

# AUXILIARY TO THE NATIONAL DENTAL ASSOCIATION

## 2017 REGISTRATION

104th Annual NDA Convention ♦ Dallas, Texas ♦ July 19 - 23, 2017

**PLEASE PRINT OR TYPE**

All Dental spouses, children and guests must register through ANDA

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

**Member or Affiliate of:**

ANDA \_\_\_\_\_ NDHA \_\_\_\_\_ SNDA \_\_\_\_\_ NDA \_\_\_\_\_ NDAA \_\_\_\_\_ HDA \_\_\_\_\_ SAID \_\_\_\_\_

**Registration Deadline - June 30, 2017 - There will be limited on-site registration for events**

ANDA Dues / Registration / Fees	Price	Number of Tickets	Cost
Dental Spouse Dues	\$75	_____	_____
Guest Fee	\$50	_____	_____
Children & Teens	\$25	_____	_____
Thursday, July 22, 2017 ANDA Happy Hour with Appetizers	Cash Bar	_____	_____
Saturday, July 22, 2017 Lunch with "ANDA & Friends"	\$50	_____	_____

**SCHOLARSHIP & COMMUNITY SERVICE PROJECT CONTRIBUTIONS**

ANDA awards two to three students with annual scholarships for their dental school matriculation. ANDA has awarded over \$100,000 in dental scholarships, thanks to your support. Our primary focus for raising funds for dental scholarships as well as the community service project we support yearly is through direct contributions. We invite you to join us in reaching our goal of \$5,000 for 2017.

<b>Scholarship Donation</b>	<input type="checkbox"/> \$25 - <i>Silver</i> <input type="checkbox"/> \$50 - <i>Gold</i> <input type="checkbox"/> \$100 or more - <i>Platinum</i>	
<b>Community Service Project</b>	<input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 or more	
<b>Total Cost</b>		

**Guest, Children or Teen Name(s) & Ages (under 18)**

\_\_\_\_\_  
 \_\_\_\_\_

Guest Names: \_\_\_\_\_

*Registration required to receive Convention Badges for access to convention areas.*

**Deadline for Registration: June 30, 2017**

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

**Return registration form with payment to:** Mrs. Yolanda Williams [ycwill@live.com](mailto:ycwill@live.com)

20385 Brookshire Dr., Southfield, MI 48076 Phone: 248-763-4699 Fax: 248-358-3936

AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ 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.**  
*All ticket sales are non-refundable. Please make a copy of this form for your records and return the original.*