## NATIONAL DENTAL ASSISTANTS ASSOCIATION

## **52ND ANNUAL CONVENTION**

## **Atlanta Marriott Marquis**

## Atlanta, Georgia July 22-26, 2016

NAME:	TITLE:
HOME ADDRESS:	PHONE:
CITY: STATE	_ ZIP: FAX:
EMAIL: CELL:	EMPLOYER'S NAME:
PHONE: ADDRESS:	
Where would you prefer to receive mail? Ho	ome Office Email
Do you wish to have your information listed	d on the NDAA membership roster for all members to receive?
YES NO Have you previous	sly held membership in NDAA? Yes NoIf yes,
what was your last membership year?	Membership status: NEW AFFILIATE
ACTIVE Do you have member	rship in a Local Society? YES NO If yes, Name of
Local Society	
Late Fees Will Apply If Your Payment Has Not Been F Dues Received By June 30,2016.	Received at the Address below by July 1,2016. No Exceptions  Dues Received July 1 ,2016
\$50.00.	\$70.00
NDAA Annual Convention Registration(members)	Late Convention Registration(members) Received May 1, 2016
\$75.00.	\$95.00
Dental Assistant Student Registration/Dues (Studer	nt I.D.Required)
\$10.00.	
Annual Convention Registration(non member)	Late Convention Registration (non members) Received May 1, 2016
\$130.00.	\$150.00.

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, Tennessee 37034. Please confirm receipt of your registration form to: beechlynn@yahoo.com

Your information will be distributed to the Executive Board & Committee Chairs for NDAA business. If you have any question please contact Lynn Beech, treasurer at beechlynn@yahoo.com