

**West Coast District Dental Association
Annual Summer Meeting - On-Site Registration Form
July 12-14, 2013**

Please Print Clearly

Name of Registering Dentist: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ ADA #: _____

CE Fees All Inclusive

- MEMBER \$245.00 (WCDDA, FDA, ADA) NON-MEMBER \$385.00 STAFF \$70.00

Staff Name: _____ Staff Name: _____

Friday, July 12th
.....

7:00 a.m. Cycling (All levels welcome).Free No. of Riders _____

9:15 a.m. Golf at Quail West Preserve. \$115.00/Player No. of Players _____ x \$115.00 =

Golfer(s) & Handicap: _____

9:00 p.m. Cigars & Cordials At your own expense # of people attending _____

Saturday, July 13th
.....

7:00 a.m. Fun Run \$20.00 No. of Runners _____ x \$20.00 =

3:00 p.m. Family Relay Fun Free Number of family members _____

6:30 p.m. Beer, Wine & Cheese Reception . . . Free Number of people attending _____

Sunday, July 14th
.....

7:00 a.m. Cycling (All levels welcome).Free No. of Riders _____

Raffle Tickets: 1 for \$5.00 – 10 for \$25.00 – 25 for \$50.00 Number of Tickets _____ \$

Registration + Events **TOTAL**

Payment Method: Check: *Made payable to WCDDA.* Visa MasterCard

Credit Card No. _____ Exp. Date: _____ CVV Code: _____

Signature: _____ Billing Zip Code: _____