

AUXILIARY TO THE NATIONAL DENTAL ASSOCIATION

2019 REGISTRATION

106th Annual NDA Convention ♦ Washington, DC ♦ July 17 – 21, 2019

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: _____
ANDA Member _____ Guest _____ Children/Teen _____ College Student _____

Registration Deadline - June 30, 2019

Onsite registration will ONLY be available on Thursday, July 18th 9am-12noon

ANDA Dues / Registration / Fees	Price	Number of Tickets	Cost
ANDA Member Dues	\$75	_____	_____
Guest Fee	\$50	_____	_____
Children & Teens	\$25	_____	_____
College Students	\$25	_____	_____
Friday, July 19, 2019 "ANDA Family Day" Museum of African American History	Limited tickets available	_____	_____

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 2019.

Scholarship Donation \$25 \$50 \$100 or more _____
Community Service Project \$20 \$25 \$50 or more _____
Total Cost

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

Guest Names: _____

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

Deadline for Registration: June 30, 2019

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

Return registration form with payment to: **Mrs. Yolanda Williams 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.