



REGISTRATION
2024 SEMIANNUAL SESSION
JANUARY 19-20, 2024
STONEWALL RESORT

Name: _____ DDS RDH DA Other

Address: _____
(Street or PO Box) (City) (State) (Zip)

Email: _____ Tel: _____

Spouse/Guests: _____

Dentist and Auxiliary/staff fees include scientific programs, tour of exhibits, coffee, danish, Installation and Awards Luncheon. Spouse/guest fees include coffee, danish, Installation and Awards Luncheon

Table with 3 columns: Category, Fee Prior to Jan 1, Fee After Jan 1. Rows include WVDA Member Dentist, Dentist Not Member of WVDA, Retired Dentist, WVDA Member WVU Full Time Faculty, Auxiliary/Staff, Spouse or Each Guest of Registered Dentist.

TOTAL FEES \$ _____ \$ _____

Please indicate which Friday morning session you will attend:

9:00 AM - Noon - Drug Diversion OR 10:00 am - Noon - Tobacco Effects on Oral Health

\$ _____ Payable to WVDA....or....Charge: Visa Mastercard Amx

Account # _____ Exp Date ____/____ Code _____

Name on Account: _____ Date: _____

Signed: _____