



**2018 REGISTRATION**  
**105<sup>TH</sup> Annual Convention ~ Orlando, Florida**  
**July 11<sup>th</sup> - 15<sup>th</sup> 2018**

\*All Dental spouses, children and guests must register with ANDA\*

**REGISTRANT INFORMATION**

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**NAME (FIRST, MIDDLE INITIAL, LAST)**

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**DENTAL SPOUSE'S NAME**

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**NAME AS IT SHOULD APPEAR ON BADGE**

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**EMAIL**

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**CELL**

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**HOME**

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**WORK**

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**ADDRESS**

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**ADDRESS**

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**CITY, STATE**

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**ZIP CODE**



# ANDA

*Auxiliary to the National Dental Association*

## FEES

___ Members	\$75.00
___ Guests	\$25.00
___ Children, Teens and College Students	\$25.00

## AGENDA

\*All ticket sales are non-refundable.

Date	Event	Time	Price	Number of Tickets
Thur., July 12 <sup>th</sup>	Building A Bridge: Networking Social with ANDA	2:00pm – 3:30pm	\$25 +	
Sat., July 14 <sup>th</sup>	Women's Health Symposium	TBD	\$75.00	

## MERCHANDISE

### Scholarship Donation

___ Silver	\$25.00
___ Gold	\$50.00
___ Platinum	\$100.00 +

### Community Service Project

___	\$20.00
___	\$25.00
___	\$50.00 +



# ANDA

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## **PAYMENT INFORMATION**

CIRCLE ONE: AMEX VISA MASTERCARD

EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEC. CODE: \_\_\_\_\_ TOTAL AMOUNT: \$ \_\_\_\_\_

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CARD NUMBER

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NAME AS IT APPEARS ON THE CARD

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BILLING ADDRESS

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BILLING ADDRESS

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BILLING PHONE

**Please make all checks payable to: "ANDA"**  
**Mail check to: 20385 Brookshire Dr. Southfield, MI 48076**

**\*\*\*YOU WILL RECEIVE AN EMAIL TO CONFIRM YOUR REGISTRATION\*\*\***

**For questions or further info contact:  
Mrs. Yolanda Williams - [ycwill@live.com](mailto:ycwill@live.com)**