3060 Mitchellville Rd, Suite 215, Bowie, MD 20716 240.241.4448 Tel



# 2024 Society Profile & Delegate Form

		Date
Society Name		EIN #
Street address, City, ST, ZIP Code		Person Completing Form
Primary phone number   Other phone number		Email address
Facebook Address	Instagram	Twitter
2024 Delegates: Please identify your de	elegates for the 2024 NDA Annual Convention. You n	nay attach an additional sheet if necessary.
Please List Society Officers Term Star	t Date: Term End Date:	(Ex. Jan 2024 – Dec 2024)
,		
President		Email
President - Elect		Email
Vice President		Email
Secretary (Corresponding/Recording)		Email
Treasurer		Email
Financial Secretary		Email
Community Outreach Chair		Email
Newsletter Editor		Email
Society Statistics		
Geographic Area:	# of Society Members:	# of Potential Members:
General Population:	# of NDA Dues Paying Members :	# of Volunteer Members:

#### **Area Facilities**

**Dental Public Health Facilities:** 

## Local Dental Schools:

#### Community Outreach: Please complete the requested information regarding community outreach liaisons, activities, and media outlets.

Telephone:

Outreach Program Committee Contact Person:

Email Address:

Mailing Address:

**Community Partners:** 

Sponsors:

**Calendar of Events:** Upcoming Scientific Meetings / Community Outreach / Special Events – The information you provide will help to promote the activities and accomplishments of our local societies in electronic and printed materials. Attach additional information if necessary.

Event – Description of activities	Date
Event – Description of activities	Date
Event – Description of activities	Date
Event – Description of activities	Date

## Media Outlets: Local media outlets for the African American markets (TV, Radio, Newspapers, Blogs)

TV – Include call letters	/ Contact Person	Email	
Radio – Include call letters	/ Contact Person	Email	
Radio – Include call letters	/ Contact Person	Email	
Newspaper	/ Contact Person	Email	
	(		

Blog