REGISTRATION FORM

OCT 2025 MEETING **3 CE HRS** **AGD CODES 730**

Registration Deadline: September 30, 2025

Registration Fee:	**Members/Guests $90**	**Residents/D4 Students $30**	**Non-Members $180**
On-site Fee:	**Members/Guests $120**	**Residents/D4 Students $60**	**Non-Members $210**

Name: _____Title (Please Circle)**: DDS DMD RDH RDA**

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

Day Time Phone: (____) _____

Please RSVP by mailing your registration form and check to the Houston Asian American Dental Society, c/o Shelly Ching, PO Box 941082, Houston, TX 77094.

For any inquiries or additional information, please contact Shelly at SHELLYLCHING@GMAIL.COM.
If you are unable to attend the meeting, please kindly let us know ahead of time. Thank you for your cooperation and assistance.

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