RSVP FORM

RSVP Deadline: November 24, 2025

RSVP fee: $150.00 (Non-refundable, this fee will be credited toward your 2026 membership. This Dinner is for **adults only;** members are welcome to bring their spouse or guest)**.**

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

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

Day Time Phone: (____) _____

Number of people attending (including member): Member _____, Spouse/Guest _____

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

For any additional information please contact shellylching@gmail.com. If you are unable to attend the Christmas Dinner, please kindly let us know ahead of time. Thank you for your cooperation and assistance.