

FEB 2026 MEETING

**REGISTRATION FORM
3 CE HRS**

AGD CODES 490

Registration Deadline: February 6, 2026

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 shellyching@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.