

APR 2026 MEETING

REGISTRATION FORM
2 CE HRS

AGD CODES 200

Registration Deadline: April 1, 2026

Registration Fee:	Members/Guests \$60	Residents/D4 Students \$20	Non-Members \$120
On-site Fee:	Members/Guests \$90	Residents/D4 Students \$50	Non-Members \$150

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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