

JUN 2026 MEETING

**REGISTRATION FORM
3 CE HRS**

AGD CODES 780

Registration Deadline: June 4, 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 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.