AUG 2026 MEETING **REGISTRATION FORM** **3 CE HRS** **AGD CODES 310**

Registration Deadline: August 10, 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.

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