

Registration

Thank you for sending this in ASAP and preregistering! We need accurate catering numbers!

Pay by check

Complete the form below. Only one registrant per form please. Payable to MDHA.

Submit to: **Debbie Porter, RDH**
MDHA Annual Session
122 Yellowstone Ave.
Billings, MT 59101

Any questions call 406-256-7384 or e-mail to montanadha@msn.com

Pay by credit card or PayPal

Registration online at www.montanadha.org will be available by approximately August 1st.

Cancellation Policy

A \$25 administrative fee will be withheld from refunds on requests made after 9/10/10. Requests must be in writing. No refund requests will be accepted after 9/22/10.

| | |
|--|--|
| Name _____ | Circle one RDH/student/Dr./Aux |
| Home address _____ | <input type="checkbox"/> Check if this is updated information. |
| City _____ State _____ Zip _____ | |
| Email _____ | |
| Phone Number (home) _____ (work) _____ ADHA Member # _____ | |

| | All 3 days | | 2 days Circle which days Th Fri Sat | | 1 day Circle which day Th Fri Sat | | Total |
|---|---|----------------------|---|----------------------|---|----------------------|-------------------------------------|
| | Fee if by 9/10/10 | Fee if after 9/10/10 | Fee if by 9/10/10 | Fee if after 9/10/10 | Fee if by 9/10/10 | Fee if after 9/10/10 | |
| ADHA/MDHA Member | \$170 | \$195 | \$140 | \$165 | \$85 | \$105 | \$ _____ |
| Non-member <small>Non mem RDH, Dentist, Aux</small> | \$220 | \$245 | \$180 | \$205 | \$120 | \$145 | \$ _____ |
| DH Student <small>undergrad</small> | \$35 | \$60 | \$25 | \$50 | \$20 | \$45 | \$ _____ |
| Installation Dinner Friday 7:30pm Circle Choice | Ribeye Steak \$28 | | Charbroiled Chicken \$17 | | Baked Salmon \$22 | | \$ _____ \$ _____ (Guest) |
| Hosted Events Please circle to RSVP No Fee | Wine & Cheese Auction Thursday 7:00 pm | | Presidential Luncheon Friday noon | | | | Conference Total \$ _____ |