

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 9/12/09. Requests must be in writing. No refund requests will be accepted after 9/24/09

Name _____ Circle one RDH/student/Dr./Aux

Home address _____

City _____ State _____ Zip _____

Email _____

Phone Number (home) _____ (work) _____ ADHA Member # _____

	All 3 days		2 days		1 day		Total
	Fee if by 9/12/09	Fee if after 9/12/09	Fee if by 9/12/09	Fee if after 9/12/09	Circle which day Th Fri Sat	Circle which day Th Fri Sat	
ADHA/MDHA Member	\$160	\$185	\$130	\$155	\$75	\$100	\$ _____
Non-member	\$210	\$235	\$170	\$195	\$110	\$135	\$ _____
DH Student	\$35	\$60	\$25	\$50	\$20	\$45	\$ _____
Installation Dinner Fri eve Circle Choice All \$23	Herb Roasted Salmon with Balsamic glaze		Chipotle BBQ Glazed Buffalo Meat Loaf		Marinated Chicken with Caper Cream sauce		\$ _____ \$ _____ (guest)
Hosted Events Please circle to RSVP	American Eagle Luncheon Lunch and Learn Thurs noon Cheese Tortellini or Chicken Caesar Salad (Circle one)		Paradise Dental Hor d'oeuvres & Wine @ PDT Plant & Broadway inn Thurs 6PM to 8:30PM		MDHA President's Luncheon Fri noon Chef Salad or Chicken Breast With Apple Shallot confit (Circle one)		Conference Total \$ _____