



Registration Form

COMMITTED TO EXCELLENCE,
DENTAL EDUCATION AND
COMMUNITY SERVICE

Name: _____ DDS DMD RDH CDT

Address: _____

Telephone No.: _____ Day: ____-____-____ Night: ____-____-____

E-mail: _____

Professional School: _____ Year of graduation: _____

Specialty: _____ Year of Graduation: _____

Specialty School: _____

Professional affiliations: _____

RADA SUMAREVA, DDS
PRESIDENT

115 East 57th Street, Suite 1520
New York, NY 10022
212.644.3630

ZEV KAUFMAN, DDS
VICE-PRESIDENT

800-A Fifth Ave, Suite 501
New York, NY 10021
212.755.3244

ARI DRUZ, DDS
SECRETARY-TREASURER

133 East 58th Street, Suite 409
New York, NY 10022
212.308.5550

	RADA Membership *			Collagenex lecture Dinner Included	Total
Doctors	\$200.00				
RADA Members				\$30.00	
Non-Members				\$50.00	
Hygienists	\$125.00				
RADA Members				\$20.00	
Non-Members				\$30.00	
Laboratory Technicians	\$125.00				
RADA Members				\$20.00	
Non-Members				\$20.00	
Students	\$30.00			\$0.00	
Total Included					\$

* Dues paid between Jan 1, 2004 and Jan 27, 2005
guarantee membership until June, 2006

CORRESPONDENCE:

FDR Station
PO Box 338
New York, NY 10150

Phone: 866.723.2337
Fax: 555.555.5555

email: xyz@domain.com

Please make checks payable to: **Russian-American Dental Association.**

Place registration form in an envelope and mail to:

R A D A
FDR Station. P.O. Box 3569
New York, NY 10150