

**Registration Form**  
**71<sup>st</sup> CONNECTICUT DENTAL ASSISTANTS ASSOCIATION Annual Meeting**  
**Friday April 20, 2012**  
**Farmington Marriott, Farmington CT**

**Deadline for registration is 4/13/12**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

CDA full "Active" Member Fee \$70.00 (**Postmarked after 4/6, is \$75.00**) \_\_\_\_\_

CDA "E" Member Fee \$80.00 (**Postmarked after 4/6, is \$85.00**) \_\_\_\_\_

ADAA/CDA Member # required: \_\_\_\_\_

Non-Member Fee \$85.00 (**Postmarked after 4/6, is \$90.00**) \_\_\_\_\_

Student Fee \$30.00 (**Postmarked after 4/6, is \$35.00**) \_\_\_\_\_

School Attending: \_\_\_\_\_

Vendor/Sponsor Fee \$200.00 \_\_\_\_\_ Vendor Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Would your company be able to donate a small gift for our fund raiser raffle? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please let us know what: \_\_\_\_\_

**Make Checks Payable to: CDA**

**Mail Registration to:**  
Lisa Cooper-Smith, CDA  
CDA Secretary/Treasurer  
36 Haddam Neck Road  
East Hampton, CT 06424

For questions email Lisa at: l.coopersmith@sbcglobal.net

**Date Received** \_\_\_\_\_