

Cost: Members: No Charge, Guests \$35 each Dress: Casual beach attire RSVP: a must! You must register by 6/14/08

## Registration

Doctor's Name (Last)	or's Name (Last) (First)		ONLINE Registration/Credit Card Payments along with direc- tions are available on our web site: www.MCDSofNJ.org
Address			(follow the "Of Current Interest" Link)
City	State	Zip	Please copy this form to register additional doctors or guests Checks Payable to MCDS
Office Telephone Number Fax Number			(Payment must accompany registration)
Guests:			(,
Name			— Mail to: Middlesex County Dental Society, P.O. Box 7026, East Brunswick, NJ 08816
Name			For further information call 732-238-1255