

Due Date: 3/7/08

OFFICIAL FORM

NEW JERSEY DENTAL ASSOCIATION
COMPONENT SOCIETY NOMINATIONS
TO
STATE ASSOCIATION COUNCILS

The nominees submitted have the approval of:

Middlesex County Dental Society

(Name of Component Society)

James M. Conroy

(Signature - PRESIDENT)

[Signature]

(Signature - PRESIDENT-ELECT OR
VICE PRESIDENT)

Nauczynski

(Signature - STATE ASSOCIATION TRUSTEE)

[Signature]

(Signature - COMPONENT SECRETARY)

**THIS PAGE MUST BE SIGNED BY ALL DESIGNATED OFFICERS IN ORDER TO BE
VALID AS PRESCRIBED IN THE BYLAWS, ARTICLE VII., SECTION 20.**

PLEASE RETURN ON OR BEFORE MARCH 7, 2008 TO:

Mrs. Phyllis Cortazzo
New Jersey Dental Association
One Dental Plaza, PO Box 6020
North Brunswick, NJ 08902-6020

/pfc

Att. Council Nominations form

NOMINATIONS TO STATE ASSOCIATION COUNCILS

2008-2009

Middlesex County Dental Society
(Component Society)

ANNUAL SESSION COUNCIL: (usually meets on Monday)

Dr Nainesh Desai (DESAI)
(Name)

732 254 2550
(Address) (Zip)

Telephone: 732 254 2550

DENTAL BENEFIT PROGRAMS COUNCIL: (meets on Wednesday during the day)

Dr Mark Vitale
(Name)

732-494-7575
(Address) (Zip)

Telephone: 732 494 7575

DENTAL EDUCATION COUNCIL: (usually meets on Monday, Tuesday, or Thursday)

Dr Robert Ashman
(Name)

732 846 6366
(Address) (Zip)

Telephone: 732 846 6366

NOMINATIONS TO STATE ASSOCIATION COUNCILS
2008-2009

GOVERNMENTAL & PUBLIC AFFAIRS COUNCIL: (usually meets on Thursday)

Dr Mitchell Weiner

(Name)

(Address) (Zip)

Telephone: 732 297 4900

MEMBERSHIP COUNCIL: (usually meets on Thursday)

Dr Tara Savage

(Name)

(Address) (Zip)

Telephone: 732 679 2323

PEER REVIEW COUNCIL: (usually meets on Wednesday morning)

Dr John Fashbender

(Name)

(Address) (Zip)

Telephone: 732 356 1313

Generally, the component representative to NJDA's Council on Peer Review acts as chairman of your local peer review committee. Therefore, new appointments to this position should have peer review experience and have attended at least one peer review training workshop.

NOMINATIONS TO STATE ASSOCIATION COUNCILS
2008-2009

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RELIEF COUNCIL: (usually meets on Wednesday)

Dr. Ethan Glickman
(Name)

(Address) (Zip)

Telephone: 732 572 4244

NOTE: THE ABOVE COUNCIL APPOINTMENTS ARE ON A YEARLY BASIS.

JUDICIAL COUNCIL: Please note this Council is handled in a separate memo to Component Secretaries, since the term of office is three years.

/pfc

The Component Secretary of Atlantic-Cape May, Essex, Southern & Union for Class I (expiring June 2008) can remind its representative that he/she may serve for an additional three year term after completing three years of his first term. This new class (Class I) will expire in June of 2011.

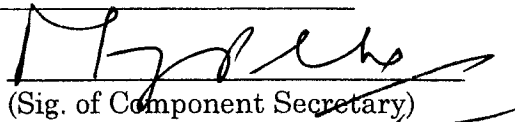
Component Secretaries of CLASS II (expiring 2009) and CLASS III (expiring 2010) are requested to remind their representatives to the Judicial Council of their terms of office and obtain their willingness to continue to serve. **If a change** in representative is necessary, please indicate below who your representative will be. **If the representative listed is willing to serve, please also indicate this information on this sheet.**

Please return this sheet by **March 7, 2008** to Mrs. Cortazzo at the Association Office.

Thank you for your help and cooperation.

	COMPONENT REPRESENTATIVE
Atlantic-Cape May	_____
Bergen	_____
Central	_____
Essex	_____
Hudson	_____
Mercer	_____
Middlesex	<u>Dr Ira S. Rosen</u>
Monmouth-Ocean	_____
Passaic	_____
Southern	_____
Tri-County	_____
Union	_____

Judicial Council


(Sig. of Component Secretary)

- cc: Component Presidents (informational only)
- Component Pres.-Elect's (informational only)
- Component Executive Secretaries (w/attachment)



November 5, 2007

TO: COMPONENT SECRETARIES
FROM: RICHARD B. KAHN, DDS SECRETARY
RE: NOMINATIONS FOR STATE TRUSTEE & ALTERNATE TRUSTEE

Please indicate your component's nomination for State Trustee and Alternate Trustee to serve on the NJDA Board of Trustees for 2008-2009. The term of office will begin with the Reorganization Meeting of the Board on June 6, 2008.

Please return this letter to: Phyllis Cortazzo at the Association Office on or before MARCH 7, 2008, indicating your component's choice for these two important positions.

Thank you.

COMPONENT SOCIETY: Middlesex County Dental Society

TRUSTEE Dr Nancy Villa (Name)

(Address) (Zip) 732 679 2323 (Phone)

ALTERNATE TRUSTEE: Dr Mitchell Weiner (Name)

(Address) (Zip) 732 297 4900 (Phone)

Signature of Component Secretary: [Handwritten Signature]

/pfc
cc: Component Presidents
Component President-Elect's
Component Executive Secretaries



November 5, 2007

TO: COMPONENT SECRETARIES
FROM: RICHARD B. KAHN, D.D.S. SECRETARY
RE: NOMINATIONS FOR ADA DELEGATE & ALTERNATE DELEGATE

Please indicate your component's nomination for ADA DELEGATE AND ADA ALTERNATE DELEGATE for 2008-2009. The term of office will begin with the Reorganization Meeting of the Board on June 6, 2008.

Please return this letter to: Phyllis Cortazzo at the Association Office on or before MARCH 7, 2008, indicating your component's choice for these two important positions.

This is referenced in the Bylaws Article VII. Sec.120.L. and Article X. Sec.10.

Thank you.

COMPONENT SOCIETY: Middlesex County Dental Society

ADA DELEGATE: Dr Daniel Krantz

(Address) (Zip) (Phone)

ADA ALTERNATE DELEGATE: Dr Richard Kahn

(Address) (Zip) (Phone)

Signature of Component Secretary: [Handwritten Signature]


/pfc
cc: Component Presidents
Component President-Elect's
Component Executive Secretaries

Due Date: MARCH 7, 2008

CERTIFICATION
DELEGATES & ALTERNATE DELEGATES TO THE NJDA HOUSE

FOR Middlesex County COMPONENT SOCIETY

This is to certify that the members of this Component Society shown on the attached list(s), have been selected as Delegates or Alternate Delegates for the House meeting on June 6, 2008, and will serve at all House meetings up to the House meeting held in June 2009.

Signature of Component Secretary: 

INSTRUCTIONS

- 1) List names of Delegates and Alternate Delegates in **alphabetical** order on the attached sheets.
- 2) **Indicate "CHAIRPERSON"** by the name of the person designated as Chair of your Delegation. This will eliminate a follow-up letter to you.
- 3) Return information before March 7, 2008 to: Phyllis Cortazzo, NJDA, One Dental Plaza, PO Box 6020, No. Brunswick, NJ 08902-6020.

NUMBER OF DELEGATES

(Based on Oct. 31, 2007 figures of Active (includes Disabled), Active Life, Recent Graduates and Pending Members)

	<u>MEMBERS</u>	<u>DELEGATES</u>
Atlantic-Cape May	133	7
Bergen	733	19
Central	242	9
Essex	432	13
Hudson	216	9
Mercer	289	10
Middlesex	482	14
Monmouth-Ocean	618	17
Passaic	225	9
Southern	632	17
Student		1
Tri-County	509	15
Union	249	9

Note: Many Component Societies have increased membership this year except Essex, Passaic and Union. Component delegate representation remains the same except for Union which has lost one delegate.

Att. Delegates & Alt. Delegates Lists

DELEGATES TO THE HOUSE OF DELEGATES

Please return this form by: **3/7/08**

Middlesex County Dental Society
(Component Society)

PLEASE INDICATE WHO IS **CHAIRPERSON** OF YOUR DELEGATION.

PLEASE ALSO LIST ALL NAMES IN **ALPHABETICAL ORDER**.

① * Dr Robert Ashmen
(NAME)

(Address) Dr Cavan Brunsden (City) (Zip)
② * (NAME)

(Address) Dr James Cousey (City) (Zip)
③ * (NAME)

(Address) Dr Scott Galken (City) (Zip)
④ * (NAME)

(Address) Dr Richard Kahn (City) (Zip)
⑤ * (NAME)

(Address) Dr Daniel Krantz (City) (Zip)
⑥ * (NAME)

(Address) (City) (Zip)

PLEASE LIST ALL NAMES IN ALPHABETICAL ORDER: AND INDICATE WHO IS CHAIRPERSON.

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DELEGATES (cont'd.)

* (7) Dr George McLaughlin
(NAME)

(ADDRESS) (City) (Zip)

(8) Dr Maya Prabhu
(NAME)

(Address) (City) (Zip)

(9) Dr Arnold Rosenheck
(NAME)

(Address) (City) (Zip)

(10) Dr Robert Silverstein
(NAME)

(Address) (City) (Zip)

(11) Dr Constantine Aimos
(NAME)

(Address) (City) (Zip)

(12) Dr Nancy Villa
(NAME)

(Address) (City) (Zip)

(13) Dr Mark Vitale (City) (Zip) * (CHAIR)

(NAME)

(14) Dr Mitchell Weiner
(Address) (City) (Zip)

ALTERNATE DELEGATES

Please return this form with your Delegates List by 3/7/08

* ① Dr Peter De Sciscio
(NAME)

②* (Address) Dr Joseph Fertig (City) (Zip)
(NAME)

③* (Address) Dr Nael Ibrahim (City) (Zip)
(NAME)

④* (Address) Dr Stephen Lawson (City) (Zip)
(NAME)

⑤* (Address) Dr Joel Leizer (City) (Zip)
(NAME)

⑥* (Address) Dr Arpan Nandra (City) (Zip)
(NAME)

⑦* (Address) Dr Ira Rosen (City) (Zip)
(NAME)

(Address) (City) (Zip)

ALTERNATE DELEGATES (cont'd.)

* ⑧ Dr Tara Savage
(NAME)

* ⑨ (Address) Dr Mark Schamba (City) (Zip)
(NAME)

* ⑩ (Address) Dr Dave Stein (City) (Zip)
(NAME)

* ⑪ (Address) Dr Jason Waxerman (City) (Zip)
(NAME)

* ⑫ (Address) Dr Mitchell Weiner (City) (Zip)
(NAME)

* ⑬ (Address) Dr Araceli Ziemba (City) (Zip)
(NAME)

(Address) (City) (Zip)
* (NAME)

(Address) (City) (Zip)

Please return by 12/13/07

TO: Mrs. Phyllis Cortazzo
New Jersey Dental Association
One Dental Plaza
P.O. Box 6020
North Brunswick, NJ 08902-6020

This is to advise that Middlesex County Dental Society
(Component Society)

has selected Daniel B. Granty
(Name of Component Representative to serve with the Trustee)

(Address)

(Zip Code)

Phone: _____ to serve on the COUNCIL ON NOMINATIONS as
a voting member with the State Association Trustee.

*Just sign &
return to me.
Phyllis*

[Signature]
(Signature of Component Secretary)

11/1/2007

(Date)

*Marked
11/1/2007*