DELEGATES TO THE HOUSE OF DELEGATES

Please return this form by: 3/26/12

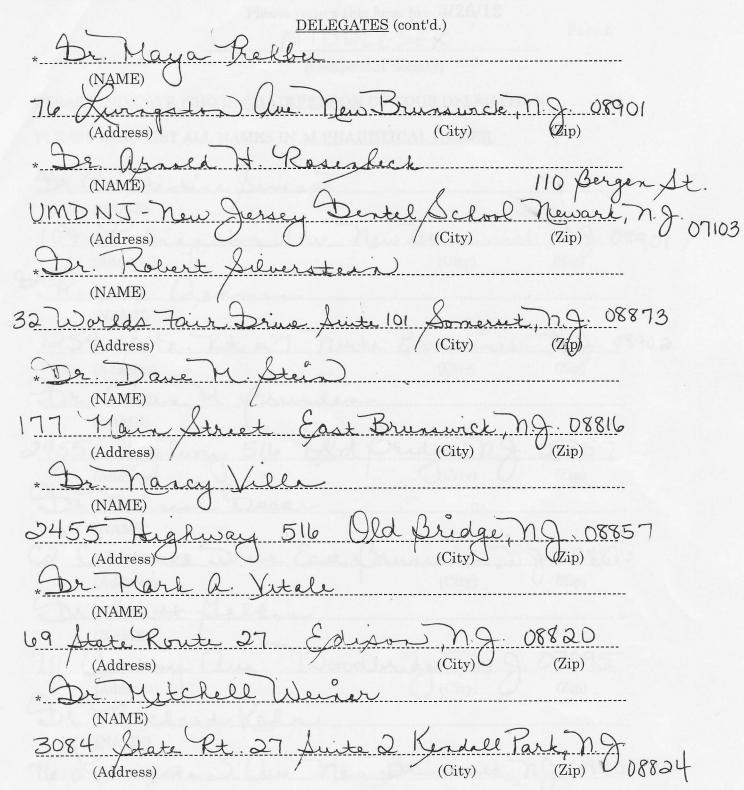
(Component Society)

MIDDLESEX

Page 1.

PLEASE INDICATE WHO IS **CHAIRPERSON** OF YOUR DELEGATION. PLEASE ALSO LIST ALL NAMES IN ALPHABETICAL ORDER. tative. Kohert (NAME) (Address) (NAME) (Address) (MAME) (Address) (City)

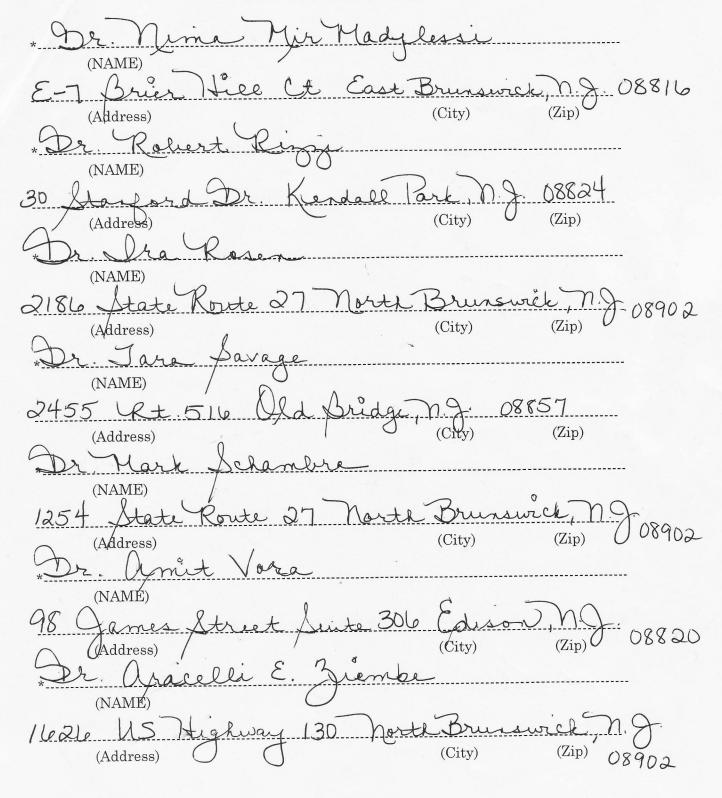
PLEASE LIST ALL NAMES IN <u>ALPHABETICAL ORDER</u>: AND INDICATE WHO IS <u>CHAIRPERSON</u>. Page 3.



ALTERNATE DELEGATES Please return this form with your Delegates List by 3/26/12 (NAME) (Address (NAME) 283 (City) (Zip) (Address) (NAME) (Address) (City) (Zip) (NAME) ((Address) (City) (City) (Address) (NAME)

(City)

<u>ALTERNATE DELEGATES</u> (cont'd.)



NOMINATIONS TO STATE ASSOCIATION COUNCILS 2012-2013

(Component Society)

DDLESEX

ANNUAL SESSION COUNCIL: (usually meets on Monday) (Name) C-2 Cornwall Dr. East Brussurice (Address) Telephone: (732) 254-2550 DENTAL BENEFIT PROGRAMS COUNCIL: (meets on Wednesday during the day) (Name) 271-1220 DENTAL EDUCATION COUNCIL: (usually meets on Monday, Tuesday, or Thursday) (Name) 1254 St. Rt 27 North Brunswick N.J. 08902 (Address) (Zip) Telephone 732 846 -6366 Alternate Representative for Dientel Bienefits Devang Modi 25 Clyde Road Since 102

732 873 - 4177

$\frac{\text{NOMINATIONS TO STATE ASSOCIATION COUNCILS}}{2012\text{-}2013}$

**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.

$\frac{\text{NOMINATIONS TO STATE ASSOCIATION COUNCILS}}{2012\text{-}2013}$

Page 3.

| RELIEF COUNCIL: (usually meets on Wednesday) | | | | |
|--|---------------|-------|--|--|
| Dr. Ethan H | lickmen | | | |
| (Name) | | | | |
| 515 RARITAN AVE. | Highland Park | 08904 | | |
| (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



COMPONENT SECRETARIES

TO:

November 4, 2011

| | FROM: | DAVID P. DONATI, D.M.D. SECRETARY | |
|---|---|---|--|
| | RE: | NOMINATIONS FOR ADA DELEGATE & ALTERNATE DELEGATE | |
| | Please indicate your component's nomination for ADA DELEGATE AND ADA ALTERNATE DELEGATE for 2012-2013. The term of office will begin with the Reorganization Meeting of the Board on June 24, 2012. | | |
| | Please <u>return</u> this letter to: Phyllis Cortazzo at the Association Office <u>on or before MARCH 26, 2012</u> , 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: Middlesey County Dental Society | |
| | ADA DELEGA | TE: Dr. Mark Sitale | |
| | (Address) | Huy 27 Edison, N.J. 08820 732-494-7575 (Zip) (Phone) | |
| | ADA ALTERN | ATE DELEGATE: Der Nancy Ville | |
| Ċ | 455 Hwy (Address) | -516 Old Bridge 7 5 08857 (732)679-2323 (Zip) (Phone) | |
| | /pfc | Signature of Component Secretary: | |
| | cc: Compo | nent Presidents nent President-Elect's | |
| | Compo | Hent rresident-Elect's | |

Component Executive Secretaries



COMPONENT SECRETARIES

TO:

November 4, 2011

| | FROM: | DAVID P. DONATI, DMD SECRETARY |
|----------|---------------------------------------|---|
| | RE: | NOMINATIONS FOR STATE TRUSTEE & ALTERNATE TRUSTEE |
| | the NJDA Boa | e your component's nomination for State Trustee and Alternate Trustee to serve on rd of Trustees for 2012-2013. The term of office will begin with the Reorganization Board on June 24, 2012. |
| | Please return on or before positions. | this letter to: Phyllis Cortazzo at the Association Office MARCH 26, 2012, indicating your component's choice for these two important |
| | Thank you. | |
| | COMPONEN' | T SOCIETY: Hiddlesey County Dental Society |
| | TRUSTEE | Dr. Daniel Krenty (Name) |
| ل | (Address) | Iroue Lare Somerset 7.9. 08873 (732)469-8083 (Phone) |
| | | |
| | ALTERNATI | ETRUSTEE Name) |
| | 76 Awir (Address) | gston ave New Brunswick, n.C. (732) 928-6622 (Zip) 08901 (Phone) |
| | | NA Pri |
| | | Signature of Component Secretary: |
| | Con | nponent Presidents nponent President-Elect's nponent Executive Secretaries |
| | | |