

**112<sup>th</sup> Annual Alumni Meeting**

University of the Pacific, Arthur A. Dugoni School of Dentistry

**March 4 - 5, 2011**

Fairmont Hotel, San Francisco

**Annual Alumni Meeting Pre-Registration Must Be Received by February 18.**

Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Address: \_\_\_\_\_ Lic. #: \_\_\_\_\_

\_\_\_\_\_ \*E-mail: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

\* We must have your e-mail address in order to complete your registration

**Payment of Alumni Association dues is a prerequisite to attendance at the Annual Meeting.**

**Exempt from Dues: Members of the Class of 2010 and Life Members (category prior to 1976).**

**Exempt from Registration Fee: Members of the Class of 2010 and Members of the class of 1961.**

I will attend the 2011 Annual Meeting [\$75 registration fee] \$ \_\_\_\_\_

Dues payment is prerequisite to attendance:

Exempt from Dues     Already sent 2011 Dues     2011 Dues enclosed [\$195] \$ \_\_\_\_\_

I cannot attend the 2011 Annual Meeting – 2011 Dues enclosed [\$195] \$ \_\_\_\_\_

Contribution to the Alumni Scholarship Fund [tax-deductible] \$ \_\_\_\_\_

I will attend the Annual Recognition Luncheon, Friday, March 14 [\$60] \$ \_\_\_\_\_

I will sponsor a member of the Class of 2011 to the Luncheon [\$60] \$ \_\_\_\_\_

I will bring a guest, or guests, to the meeting (fill in name/s at bottom) \$ \_\_\_\_\_

My guest/staff will require C.E. units [\$75 per person] \$ \_\_\_\_\_

My guest/staff will not require C.E. units [no charge]

My guest/staff will attend the Luncheon on Friday \$60 per person \$ \_\_\_\_\_

My guest/staff is a non-alum dentist and will join the Dugoni School of Dentistry Alumni Association \* [\$195 dues & \$75 registration = 270] \$ \_\_\_\_\_

My guest/staff will attend the Friday evening reception [no charge]

TOTAL: \$ \_\_\_\_\_

\* If your staff member is a non-alum dentist, they are required to join our association as an Associate Member for the same amount of annual dues as our alumni members, plus the registration fee. The \$75 staff fee applies to non-dentist assistants and hygienists only.

GUESTS – Please write License Number after names, if applicable.

NAME/S:

\_\_\_\_\_  RDH     RDA     DA     DDS, New Associate Member

\_\_\_\_\_  RDH     RDA     DA     DDS, New Associate Member

\_\_\_\_\_  RDH     RDA     DA     DDS, New Associate Member

\_\_\_\_\_  RDH     RDA     DA     DDS, New Associate Member

**See page 2 for more information and payment section.**

**Pre-registration accepted through Friday, February 18 only.**

Do not fax or mail registrations after that date; bring this form with you to the meeting for quick on-site registration.

**Fee for on-site registration: \$100.**

On-site registration will begin at 7:30 a.m. on Friday, March 4 (Grand Ballroom) and at 8:00 a.m. on Saturday, March 5 (Terrace Room).

**This form can be faxed to: (415) 749-3377.**

Kindly remember the February 18, 2011 deadline for all pre-registrations.  
Last date for refundable cancellations is also February 18, 2011.

**Payment:**

Mail your check, made payable to Pacific Dental Alumni Assn, in the enclosed envelope to:

Alumni Association  
Arthur A. Dugoni School of Dentistry  
2155 Webster St, Ste 616  
San Francisco, CA 94115

Visa                       MasterCard                       American Express

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_