

# 2020 MPA DUES STATEMENT

Please return this statement to the address below.

Private Practice - \$200

Full Time Faculty - \$100

Hygienists - \$60

Retired Members and Graduate Students are **FREE**

\_\_\_ **YES, I plan on attending the MPA meeting**

\_\_\_ **I do NOT plan to attend the MPA meeting**

\_\_\_ **I plan on bringing extra guests @ \$75.00 each**  
(please include names, addresses below)

**\*\* Please respond by November 26, 2019 \*\***

**Make checks payable to**

**MICHIGAN PERIODONTAL ASSOCIATION**

**Attn: Dr. Diego Velasquez**

**415 N. Alloy Dr.**

**Fenton, MI 48430**

**(810) 750-3400**

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

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

\_\_\_\_\_

Email \_\_\_\_\_

## GUEST NAME and ADDRESS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_