

2021 MPA DUES STATEMENT

Please return this statement to the address below.

Private Practice - **\$200**

Full Time Faculty - **\$100**

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 24, 2020 ****

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, EMAIL, and ADDRESS

1. _____

2. _____

3. _____
