

2019 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 14, 2018****

Make checks payable to:

MICHIGAN PERIODONTAL ASSOCIATION

Attn: **Dr. Brian Cilla**

1525 East Beltline Ave NE, Suite 201

Grand Rapids, MI 49525

(616) 365-1785

Name: _____

Address: _____

Email _____

GUEST NAME and ADDRESS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____