

**WUDAA 152<sup>nd</sup> ANNUAL REUNION**  
**REGISTRATION FORM - Sept 21-22, 2018**

**Friday, September 21<sup>st</sup> at 5:30pm - Alumni House**

<b>SEPT 21<sup>st</sup></b>	<b>TIME</b>	<b>WHERE</b>	<b>#TICKETS</b>
<b>Cocktail Reception</b>	Fri Sept 21 <sup>st</sup> 5:30-7:30pm	Alumni House Washington Univ.	Cash bar – Buy Drink Tickets at Door / Complimentary Soft drinks & Hors D’oeuvres

**Saturday, September 22<sup>nd</sup>, from 8am – 12pm WUDAA sponsored, ADA/AGD approved 4 credit CE program and Continental Breakfast.**

**Location: Mid Campus Center (MCC), Floor 1, Room 1404;**

**4590 Children’s Place, St. Louis, MO 63110,**

**Washington University Medical Center**

(Guests/Staff members are welcome to purchase tickets)

<b>SEPT 22<sup>nd</sup></b>	<b>TIME</b>	<b>WHERE</b>	<b>FEE</b>	<b>#TICKETS</b>	<b>TOTAL</b>
<b>CE Program</b>	Sat Sept 22 <sup>nd</sup> 8-12 Noon	MCC Rm. 1404	<b>\$70.00</b> <b>each</b>	# _____	\$ _____
<b>*WUDAA Members Please Include Dues for 2018, if not paid!</b>				<b>\$60.00</b>	<b>\$ _____</b>

**TOTAL \$ \_\_\_\_\_**

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Email** (please print clearly) \_\_\_\_\_

**Phone Number** \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_

Enclose checks payable to Washington University Dental Alumni Association (or WUDAA) and include this registration form to:

WUDAA  
PO Box 675  
Union, MO 63084