

REGISTRATION FORM

**143rd Annual Reunion
Friday and Saturday September 25th and 26th 2009**

**Chase Park Plaza Hotel
212 North Kingshighway Blvd.
Saint Louis MO 63108
314 633 3000**

Event	When	Where	Fee	#Tickets	Total
Cocktail Reception	Fri PM 5:30-7:30	Washington Univ. Alumni House	free	_____	_____
CE Program: 4 hours CE credits Continental Breakfast Business Luncheon	Sat AM 8:00-1:30	Chase Hotel Lindell Room (Staff Members welcome)	\$60	_____	_____
Saint Louis Bus Tour	Sat PM 2:00	Chase Hotel Lindell Lobby	\$15	_____	_____
Banquet (black tie optional)	Sat PM 6:30 reception 7:30 Dinner	Chase Hotel Lindell Ballroom	\$75	_____	_____
(spouses/guests are welcome to all events)			Total	_____	_____

Name _____ Class Year _____

Address _____

City/State/Zip _____

Email _____ Spouse/Guest _____

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

Dr. Zora Hanko
12420 Robyn Road
Saint Louis MO
63127