

Registration Form



**7th Annual WMIA Congress
Honolulu, Hawaii
May 4, 2012**

First Name: _____

Last Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State (Province): _____

Country: _____

Zip Code: _____

Telephone: _____

Fax: _____

Email (Required): _____

Dentos

AbsAnchor

Registration Fee: Faculty & Students **Free** Doctor **\$50.00 [US]** - Prior to 04/15/11
 Faculty & Students **\$50.00** Doctor **\$100.00 [US]** - After 04/15/11

Please send completed Registration Form via Fax or Email to Dentos:

FAX: 011.82.53.592.5909

Email: chloe@dentos.co.kr

For more information: www.wmia.info

Telephone: 011.82.53.592.5908

Available Credit Cards: VISA MASTERCARD AMEX

Card Holder Name: _____

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

Hotel Information:

Hyatt Regency Waikiki Beach Resort & Spa

2424 Kalakaua Avenue

Honolulu, Hawaii 96815

Telephone: 1.808.923.1234

www.waikiki.hyatt.com

