



International College of Dentists

51 Monroe St., Suite 1400, Rockville, MD 20850-2412

2009 Black Tie Optional Dinner Dance, Friday, October 2, 2009

6:30 p.m. Reception - 7:30 p.m. Dinner Dance

Hilton Hawaiian Village, Mid Pacific Conference Center, **Coral Ballroom**, 2005 Kalia Rd,
Honolulu, HI

RSVP by August 28, 2009 – Mail to ICD

Enclosed is \$ _____ for _____ tickets at \$100 per ticket.

Check # _____ made payable to ICD **OR**

Visa MasterCard _____ - _____ - _____ Exp Date

Print Name _____ Signature _____

Address (if CC pmt, use billing address) _____

City _____ State _____ Zip Code _____

Branch of Military, if applicable (for seating purposes) _____

Seating preference: Write **name** for each person/couple. Add **State** if different from yours.

(Use back of card if necessary)