

APPLICATION FORM
ATHENA DENTAL CONFERENCE
WITH MAREIKE KAISER, TE, AND DR. CLAUS HAUPT, DENTIST
JULY 23 – JULY 30, 2023
AT SACRAMENTO WALDORF SCHOOL, FAIR OAKS, CA

NAME _____

ADDRESS _____

GMAIL _____

TELEPHONE _____

ARE YOU A CURRENT MEMBER OF ATHENA? YES _____ NO _____

PROFESSION _____

DO YOU WANT ATHENA TO PROVIDE HOUSING? (Apply early, as housing within walking distance may be limited.)

YES _____ NO _____

IF NECESSARY, ARE YOU WILLING TO SHARE A ROOM?

YES _____ NO _____

DO YOU HAVE A CAR? YES _____ NO _____

HOW HAVE YOU PAID?

1. Check mailed to James Knight, Treasurer _____
Amount? _____ Date check sent? _____

2. Zelle _____ Date of transaction _____

3. Other (Please specify) _____

ANY OTHER COMMENTS OR REQUESTS?

Please send the completed Application Form to:

James Knight j365k@yahoo.com

and

Nancy McMahon ncymcmahon@hotmail.com