



CT State Dental Association



# 157th Annual Charter Oak Dental Meeting May 15–17, 2024

Please follow these instructions. Paying careful attention to these rules will expedite your visa request.

1. Fill in all the information.
2. Use your own unique email address so that we can contact you directly, if needed.
3. Please email the completed form to [annualmeeting@csda.com](mailto:annualmeeting@csda.com) or fax to 860-378-1807, attention Annual Meeting.

\* Required Fields

Title*	_____
First Name*	_____
Last Name*	_____
Company Name	_____
Address*	_____
Address 2	_____
City*	_____
State or Province*	_____
ZIP/Postal Code*	_____
Country*	_____
E-mail*	_____
Passport Number*	_____
Arrival Date*	_____
Departure Date*	_____

You will receive an email confirmation that your request has been received and is being reviewed. Once reviewed, a formal letter from the Charter Oak Dental Meeting will be issued to you within 3–5 business days.

\*Very Important, please note! By completing this form, you will NOT be registered for the Charter Oak Dental Meeting. You can register by clicking the link on the home page of this website.