



WCDDA Fund Dan Bertoch Dentists' Day on the Hill Memorial Scholarship

Dr. Dan Bertoch devoted much time to advocacy for the dental profession. Members of the Florida state legislature and many in Washington D.C. knew of Dan and always welcomed him during the ADA's Washington Leadership Conference and FDA's Dentists' Day on the Hill (DDOH).

It is in this spirit that a Memorial Fund in Dan's name will provide funding for a first-time attendee to DDOH in Tallahassee on March 25, 2015. This grant is meant to help a dentist who has the passion to meet with legislators to discuss issues affecting dentistry. Any first-time attendee is welcome to apply by completing the application form and submitting a letter to the WCDDA. The grant can be used toward transportation to and from Tallahassee and accommodations at the host hotel. Reimbursement will occur after the event. The deadline for application is January 28, 2015.

Application for WCDDA Fund Dan Bertoch Dentists' Day on the Hill Memorial Scholarship

Name: _____ Address: _____

City: _____ St: _____ Zip: _____ Telephone: _____

Email: _____

Have you attended DDOH previously? Yes No

What is your interest in legislative activities? _____

Please describe your involvement with your local dental association: _____

Where would you like to see organized dentistry in five years? _____

Please return this application, along with a letter stating your reasons for attending DDOH, to:

**West Coast District Dental Association
Attn: Dan Bertoch Scholarship
1114 Kyle Wood Lane
Brandon, Florida 33511
Questions? (813) 654-2500**

WCDDA Application for Expense Reimbursement

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Meeting Attended: _____ Dates _____

Location of Meeting: _____ Number of Official Days: _____

RECEIPTS MUST ACCOMPANY REQUEST

TRAVEL EXPENSES

Round Trip Tourist Air Fare \$ _____

OR

Round Trip Mileage: _____ miles @ 58.5 cents per mile \$ _____

(Not to exceed comparable round trip tourist airfare)

Portal (Taxi, parking, tolls) (Not to exceed \$60, if sum is exceeded receipt is required)

LODGING EXPENSES

Hotel: \$ _____

FOR WCDDA USE ONLY

Amount Paid \$ _____

Check Number _____

Date Paid _____

Acct. Number _____

Approved By _____

GRAND TOTAL \$ _____

This is a true and accurate list of authorized expenses incurred by me while on official business for the West Coast District Dental Association.

SIGNATURE

DATE

**Please return the form to: West Coast District Dental Association
1114 Kyle Wood Lane
Brandon, Florida 33511**