

November 4, 2016

TO:

COMPONENT SECRETARIES

FROM:

MITCH WEINER, DMD

SECRETARY

RE:

CERTIFICATION OF DELEGATES AND ALTERNATE DELEGATES TO THE 2017 NJDA HOUSE OF DELEGATES

Attached are Certification Sheets for Delegates and Alternate Delegates. Please <u>list your Delegates and Alternate Delegates</u> in *alphabetical* order.

This information must be received from Component Secretaries at the Association Office, no later than FEBRUARY 3, 2017, which is 90 (ninety) dates prior to the Annual Session House of Delegates meeting, in order to comply with NJDA Bylaws.

Thank you for returning this information on, or before FEBRUARY 3, 2017.

/pfc

Att.

Certification Sheet and blank sheets to list Delegates and Alternate Delegates

CC:

Component Presidents (Att. Cert.Sheet for information only)
Component President-Elect's (Att. Cert.Sheet for information only)
Component Executive Secretaries with all attachments.

PLEASE NOTE THAT DELEGATES SELECTED WILL BE SEATED AT THE HOUSE MEETING ON MAY 6, 2017 AND SERVE AT ALL HOUSE MEETINGS HELD UP TO THE HOUSE MEETING IN MAY 2018.

#### Due Date: FEBRUARY 3, 2017

# CERTIFICATION <u>DELEGATES & ALTERNATE DELEGATES TO THE NJDA HOUSE</u>

FOR	Mic	ldles	ex	0	unt/	COMPONENT	SOCIETY
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This is to certify that the members of this Component Society shown on the attached list(s), have been selected as Delegates or Alternate Delegates for the House meeting on May 6, 2017, and will serve at all House meetings up to the House meeting held in May 2018.

Signature of Component Secretary

#### INSTRUCTIONS

- List names of Delegates and Alternate Delegates in <u>alphabetical</u> order on the attached sheets.
- 2) Indicate "CHAIRPERSON" by the name of the person designated as Chair of your Delegation. This will eliminate a follow-up letter to you.
- 3) Return information before **February 3, 2017** to: Phyllis Cortazzo, NJDA, One Dental Plaza, No. Brunswick, NJ 08902-6020.

#### NUMBER OF DELEGATES

(Based on Oct. 3I, 2016 figures of Active (includes Disabled), Active Life, Recent Graduates and Pending Members)

	<b>MEMBERS</b>	<b>DELEGATES</b>
Atlantic-Cape May	124	7
Bergen	675	18
Central	210	9
Essex	389	12
Hudson	196	8
Mercer	270	10
Middlesex	485	14
Monmouth-Ocean	598	16
Passaic	208	9
Southern	565	16
Student	-	1
Tri-County	499	14
Union	243	9

Note:

Five components gained membership and seven components lost membership, however, three components changed the number of delegates. Monmouth-Ocean lost eleven members and one delegate, Union lost twelve members and one delegate and Southern gained 16 members and gained one delegate.

Att. Delegates & Alt. Delegates Lists

## **DELEGATES TO THE HOUSE OF DELEGATES**

Please return this form by: 2/3/17

Middlesex County
(Component Society)

Page I.

PLEASE INDICATE WHO IS **CHAIRPERSON** OF YOUR DELEGATION.

PLEASE ALSO LIST ALL NAMES IN <u>ALPHABETICAL ORDER</u>.

* Dr. Alyssa Bernstein	
(NAME)	
560 Saint Georges Avenu	1e, Rahway, NJ 07065
(Address)	(City) (Zip)
. Dr. Cavan Brunsden	
(NAME)	
2455 Highway 516	Old Bridge, NJ 08857
(Address)	(City) (Zip)
. Dr. Nainesh Desai	
medi(NAME)Arts Center at Cu	vlomal Oaks East Brunswick 08816
Cornwall Drive CZ	East Brinswick 08816
(Address)	(City) (Zip)
Dr. Deter DeSciscio	
(NAME)	
210 Augusta Street	South Amboy 08879
(Address)	(City) (Zip)
. Dr. Genevieve M. F	ernandes
(NAME)	
5/13 Crannury Road, J	Turte Al Cast Brunswick 088
(Address)	(City) (Zip)
.Dr. Richard Kahn	
(NAME)	
76 Livingston Avenue	New Brunswick 08901
(Address)	(City) (Zip)

PLEASE LIST ALL NAMES IN ALPHABETICAL ORDER:	AND INDICATE WHO IS
CHAIRPERSON.	Page 2.

*DC	DELEGATES (cont'd.)	)	
101	Daniel Krantz		
7	(NAME)	22 0	
	(ADDRESS)		
		(City)	(Zip)
DC	Devang Modi Charry	person)	
25	Clyde Rd. Suite 102	C	M C C 7 2
W.17	(Address)		
* ~		(City)	(Zip)
1)	Sanjeer Satwah (NAME)		
30	8 le State the hway 27 Suite (Address)	e12 Kenda	11 Park 08824
	(Address)	(City)	(Zip)
Dr.	Antoinette Caulc		
1	(NAME)		
2050	State Highway 27 Sute 20	7 North Br	runswick 08902
	(Address)	(City)	(Zip)
De	Nancy Villa -		
		. ]	
<u>470.</u>	5 Highway 516 Old B		08857
	(Address)	(City)	(Zip)
·Dr.	Mank A. Vitale		
	(NAME)		
69	State Highway 27 Co	Massil	08820
	(Address)	(City)	(Zip)
. Dr.	Amit Vora	,	(217)
^	(NAME)		
98	James Street Luite 306	rasib D	08820
	(Address)	(City)	(Zip)

PLEASE LIST ALL NAMES IN <u>ALPHABETICAL ORDER</u>: AND INDICATE WHO IS <u>CHAIRPERSON</u>. Page 3.

* Dr. Mitchell Weiner	d.)	
(NAME)		
3084 State Highway 27 Suite 2	Kendan R	ark 0882
(Address)	(City)	(Zip)
*(NAME)		
(Address)	(City)	(Zip)
(NAME)		
(Address)	(City)	(Zip)
(NAME)		
(Address)	(City)	(Zip)
(NAME)		
(Address)	(City)	(Zip)
(NAME)		
(Address)	(City)	(Zip)
(NAME)		
(Address)	(City)	(Zip)

### **ALTERNATE DELEGATES**

Please return this form with your Delegates List by 2/3/17			
· Dr. Robert B. Ash	men		
(NAME)			
1254 State Highway 27	Nonth Brunswick 0890		
(Address)	(City) (Zip)		
. Dr. Deborah Brown	(=1.5y) (Zip)		
Well (NAME) e Health Plan 550 Brand Street	Nouse of 107107		
(Address)	Newark 07102		
. Dr. Mario Fiorentini	(City) (Zip)		
85 (NAME) od bridge Avenue	Highland Park 08904		
(Address)	(City) (Zip)		
. Dr. Scott Galkin	(5)		
(NAME)			
711 Amboy Avenue	Woodbridge 07095		
(Address)	(City) (Zip)		
* Dr. Sandy Goldstein			
(NAME)			
1107 Convery Blud.	Perth Amboy 08861		
(Address)	(City) (Zip)		
· Dr. Joel Leizer			
Medical Arts Center at la A2 Comwall Drive Count	olonial Oaks		
(Address)			
Dr. Cliva Marantz	(City) (Zip)		
(NAME)			
301 N. Harryon Street # 1F	= Princeton 08540		
(Address)	(City) (Zip)		
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## ALTERNATE DELEGATES (cont'd.)

. Dr. Vima Mir-Madiles	c!	
(NAME)	7.1	
E-7 Brier Hill Court 1	East Bringer	ich neelle
(Address)	(City)	<u>(Ζip)</u>
· Dr. Maya Prabhu	(Oity)	(ZIP)
(NAME)		<del></del>
76 Livingston Avenue	NewBrunsu	orde 08901
(Address)	(City)	(Zip)
·Dr. Ira Rosen		
(NAME)		
2186 State Highway 27	NorthBruns	will neans
(Address)	(City)	(Zip)
. Dr. Mark Schambra		(P)
(NAME)		
1254 State Highway 27	North Brin	15 wick 08902
(Address)	(City)	(Zip)
. Dr. Robert Silverstein	(5)	(Zip)
(NAME)		
32 Worlds Fair Drive	Suite In Car	morcot ncc72
(Address)	(City)	(Zip)
. Dr. Constantine Simos	(Oily)	(ZIP)
(NAME)		
109 Livingston Avenue (Address)	Mondanine.	11/2 12 60 01
(Address)	(City)	(7in)
.Dr. Arapeli Ziemba	(Oity)	(Zip)
(NAME)		
1626 US Hahway 130	Nonth Arung	vick 08902
(Address)	(City)	
	(Oity)	(Zip)