

VDHA 2016 CE PACKAGE REGISTRATION FORM

Please print clearly and indicate the name that you prefer for name tags.

NAME: _____, RDH, DMD, DDS, CDA, TDA, STUDENT (circle one)

ADDRESS: _____ Please indicate if this represents change of:

CITY/STATE/ZIP CODE: _____ Name

E-MAIL ADDRESS: _____ Address

TELEPHONE: (H) _____ (B) _____ (C) _____ Phone number

PLEASE PLACE A CHECK MARK NEXT TO THE APPROPRIATE FEE FOR THE COURSE(S) THAT YOU WILL BE ATTENDING:

	Postmarked by Early Bird Deadline			Postmarked After Early Bird Deadline		
	Member	Non-member	Student	Member	Non-Member	Student
4/27/16 <i>"THE FACES OF ORAL</i>	___\$45.00	___\$75.00	___\$15.00	___\$50.00	___\$80.00	___\$20.00
	Early Bird Deadline Postmarked by 4/22/16			After Early Bird Deadline		
5/6/16 <i>"KEEP YOUR EDGE – SHARPENING SICKLE SCALERS AND CURETTES "</i> <i>Limited enrollment</i>	___\$75.00	___\$105.00		___\$80.00	___\$110.00	
	Early Bird Deadline Postmarked by 4/22/16			After Early Bird Deadline		
5/6/16 <i>"CONQUERING BIOFILM WITH EASE"</i>	___\$45.00	___\$75.00	___\$15.00	___\$50.00	___\$80.00	___\$20.00
	Early Bird Deadline Postmarked by 5/11/16			After Early Bird Deadline		
5/25/16 <i>"PREVENTION & TREATMENT FOR THE WEAR & TEAR OF ORAL TISSUES"</i>	___\$45.00	___\$75.00	___\$15.00	___\$50.00	___\$80.00	___\$20.00
	Early Bird Deadline Postmarked by 5/11/16			After Early Bird Deadline		
5/25/16 <i>"CURIOUS ABOUT PUBLIC HEALTH DENTAL HYGIENE???"</i>	___\$45.00	___\$75.00	___\$15.00	___\$50.00	___\$80.00	___\$20.00

PLEASE SEND COMPLETED REGISTRATION FORM AND

CHECK MADE PAYABLE TO THE VDHA TO:

Meghan Obuchowski, RDH, BS

80 Austin Drive Unit #15

Burlington, VT 05401

For further information, please contact Meghan at:

(802) 376-7377

E-mail: Meghan_0018@hotmail.com

	TOTALS
COURSE FEE (S)TOTAL	
ADHA INSTITUTE GIFT (optional)	
GRAND TOTAL	