

Registration Form    Deadline: March 10, 2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Office Phone \_\_\_\_\_

Email: \_\_\_\_\_

DH License Number \*\*must be included\*\* \_\_\_\_\_

ADHA Member    \$90.00    \_\_\_\_\_

Non-member    \$120.00    \_\_\_\_\_

Student w/ ID    \$ 10.00    \_\_\_\_\_

Please make checks payable to: DHACNY  
(Dental Hygienists' Association of the City of New York)

Mail to: DHANCY Cont. Ed Center  
C/o Nancy R. Barnes  
1314 Forest Creek Road  
Sunset Beach NC 28468

Applications postmarked after the deadline will not receive refunds.

Confirmations will not be sent; the cancelled check is your receipt

Information: Nancy Barnes    516.313.4948 or 910.575.4134  
Mary Ryan    718.339.0692