

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