



WHAT'S INSTRUMENTAL TO YOU?
Clinical Efficiency for the Dental Hygienist

REGISTRATION

NAME

PRACTICE ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

ATTENDING

PAYMENT:

One Participant - \$495

Each Additional Participant - \$395

(Same Practice)

____ VISA

____ MASTERCARD

____ AMEX

CREDIT CARD NUMBER

EXP. DATE

SECURITY CODE

NAME ON CARD

FAX COMPLETED FORM TO 405.842.3684
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