



Public Health Dental Hygienist Practice Continuing Education Courses

Sponsored by: Massachusetts Dental Hygienists' Association

Registration Form

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

I would like to attend the Public Health Dental Hygiene Practice continuing education course on the following date (**Choose ONE**):

_____ **February 27, 2010:** 8 a.m. - 1 p.m. Includes brunch, MDHA Presidential Visit.
Manor Restaurant, West Boylston, Mass. *4.5 CEUs*

_____ **February 28, 2010:** 8 a.m. - 1 p.m. Includes brunch, MDHA Presidential Visit.
Union Restaurant, Northampton, Mass. *4.5 CEUs*

_____ **April 11, 2010:** 8 a.m. - 1 p.m. Includes brunch, MDHA Presidential Visit.
Beverly Hospital, Beverly, Mass. *4.5 CEUs*

Cost

Members: \$100, Non-Members: \$185

Make checks payable to Massachusetts Dental Hygienists' Association (MDHA)

Please mail this form, with payment, to:

Ruthann Zamarro
341 Salisbury Street
Worcester, MA 01609
rzamarro@yahoo.com