



Center for Lifelong Learning

National Dental Hygiene Board Exam Review
November 14-15, 2008
Marriott Lincolnshire Hotel
Lincolnshire, IL
2008 REGISTRATION FORM

National Dental Hygiene Board Exam Review November 14-15, 2008!

Registration fee includes the 1 1/2 day national board review course and a comprehensive study guide book

Name \_\_\_\_\_ Student ADHA Member ID \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email\* \_\_\_\_\_

School \_\_\_\_\_

Early Bird Registration Fees - On or Before Friday, October 10th

- Individual Student ADHA Member \$199
Non-Student ADHA Member \$225
Group Rate: 7 or more Student ADHA Member Registrations\*\* \$175
Faculty Member with 7 or more Student ADHA Member Registrations\*\*\* Limited to 25 FREE

Registration Fees - After Friday, October 10th

- Individual Student ADHA Member \$225
Non-Student ADHA Member \$250
Group Rate: 7 or more Student ADHA Member Registrations\*\* \$200
Faculty Member with 7 or more Student ADHA Member Registrations\*\*\* Limited to 25 FREE

Registration Closes Monday, November 10th!

\*Important information and details of this course will be communicated via email. If you do not wish to receive email communications, please mark the box below so ADHA can contact you for an alternate method of receiving information. [ ] No, I do not wish to receive Email Communications from ADHA

\*\*Group Rate: In order to receive the Group Rate, there must be a total of at least 7 or more Student ADHA Member Registration Forms sent in together either by mail or fax - no exceptions.

\*\*\*Free Faculty Member - Groups of 7 or more Student ADHA Member Registrants are eligible to invite one (1) faculty member to participate at no charge. The faculty member's registration form must accompany the group's registration forms. Space is limited to the first 25 faculty member registrations received. Participating faculty must be willing to assist in facilitating case study portion of review course and participate in a conference call prior to the course.

Payment Options: Payment must accompany registration forms.

- Check - Make check payable to the American Dental Hygienists' Association
Credit Card - [ ] Visa [ ] MasterCard \*Note: ADHA does not accept American Express/Discover
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Signature \_\_\_\_\_
Name as it appears on Card \_\_\_\_\_

Return Completed Registration Form/Payment via Mail or Fax:

Mail: American Dental Hygienists' Association Meeting Planning/2008 National Board Review 444 N. Michigan Ave., Suite 3400 Chicago, IL 60611
Fax: 312/467-1806

Questions? Email: cl@adha.net Phone: 800/243-2342 x226