

2007 National Board Review Course Registration Form

**Yes, I would like to attend the National Dental Hygiene Board Exam Review
February 2-3, 2007**

SADHA Member ID			
Name			
Address			
City, State, Zip			
Phone			
Email			
Fax			
PAYMENT OPTIONS:		Payment must accompany order:	
	5 or more SADHA Member registrants*	\$150**	
	Individual SADHA Member	\$160	
	Non-SADHA Member	\$185	
*Please make multiple copies of this form and mail or fax only.			
	Enclosed is my check for \$_____made payable to the American Dental Hygienists' Association.		
	Please charge \$_____ to my credit card.		
Credit Card:			MC
Credit card number:			
Expiration Date			
Name as it appears on card			
Signature			

** Fee includes box lunches on Friday and Saturday and all course materials.

Mail to: ADHA Executive Office
Attention: Center for Lifelong Learning 2007
444 North Michigan Avenue, Suite 3400
Chicago, IL 60611

Email: cll@adha.net

Fax to: 312-467-1806

Register online: www.adha.org