

MDDHS Registration Form for all Seminars

Name: _____
(last) (first)

Address: _____
(Zip Code) (Street) (City)

Phone Number: _____

Email Address: _____

Would you like to receive email updates about future meetings and events? Yes or No (please circle one)

What is your profession? RDH RDA/CDA DDS/DMD Other: _____
(please circle one)

What is your professional license number/ID (for CE purposes): _____

Are you a member of the ADHA? Yes or No
(please circle one)

If you are a member of the ADHA, what is your ADHA member number?: _____

Which seminar are you paying for today?: September 17th January 30th March 28th
(please circle applicable date and see lecture times and fee schedules below)

Total Amount Paid: \$ _____

NOTE: All checks and registration forms are due **TWO WEEKS** prior to the event.
If you are paying for multiple seminars, please write a separate check for each meeting

Please make checks payable to: **MDDHS**

Mail Checks to: **Kim Amico, RDH**
31554 Shawn
Warren, MI 48088

September 17, 2013 - All Day Seminar - 8am to 4pm
January 30, 2013 - Evening Seminar - 6pm to 9pm
March 28, 2013 - All Day Seminar - 8am to 4pm

All Seminars will be held at: **Italian American**
Cultural Society
43843 Romeo Plank
Clinton Township, MI
48038

2013-2014 Fee Schedule

All Day Seminars

ADHA Members: \$90 all day
\$45 half day
Potential ADHA Members: \$150 all day
\$80 half day

Evening Seminars

ADHA Members: \$30
Potential ADHA Members: \$55
Students: \$10
RDA/CDA: \$30

Any questions please email us at
mddhseditor@yahoo.com