

*The National Center for Dental Hygiene Research & Practice is  
pleased to host "Advances in Practice"*  
**Registration Form**

June 12-13, 2012

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Credentials: \_\_\_\_\_ First Name/Nickname for Badge: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Phone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

**PRIMARY WORK SETTING**

University (Allied Health)    University (Dental School)    Community/Technical College  
 Private Clinical Practice    Community/Public Health    Government Agency  
 Hospital    Long-term Care Facility    Independent Consultant/Contractor  
 Private Industry   Clinical Research Center (check 1):    University    Industry  
 Other: \_\_\_\_\_  
POSITION OR TITLE: \_\_\_\_\_

**Attendance is Limited to the first 75 people!**

Registration includes 9 Hours of Continuing Education, Breakfast, Lunch and Refreshment breaks, materials, and transportation to and from downtown Phoenix to the Arizona School of Dentistry and Oral Health in Mesa, AZ.

**PAYMENT INFORMATION**

MasterCard    Visa (No AmExp)  
 Check Enclosed

CARD NO. (PRINT CLEARLY): \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME ON CARD (PRINT CLEARLY): \_\_\_\_\_

ZIP CODE OF CARD HOLDER \_\_\_\_\_ TOTAL PAYMENT \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

By signing this form you authorize the Ostrow School of Dentistry of the University of Southern California to charge your above listed credit card for the amount totaling the number of attendees times the appropriately dated registration fee. All billing and contact information will be kept highly confidential.

**REGISTRATION FEES:**

- BEFORE APRIL 1, 2012: **\$125**  
- AFTER APRIL 1, 2012: **\$150**

If sending a check, please mail and make checks payable to:

**USC National Center for Dental Hygiene Research**

Ostrow School of Dentistry of USC

925 W. 34<sup>th</sup> Street, DEN 4338

Los Angeles, CA 90089-0641

Attn: Dr. Jane Forrest

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