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**HYGIENE MEMBER REGISTRATION FORM**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite Treat/Dessert/Candy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITION INFORMATION**

**Member Doctor Hygienist Fee:** **Non-Member Doctor Hygienist Fee:**

 Your total tuition is **$200** Your total tuition is **$200**

**Registration Due by September 15th, 2021**

**Benefits of Joining Program:**

* Opportunity to earn up to 12 CE credits with 6 **in-person** evening sessions.
* This year, tuition will be the same for Members and Non-Members in hopes to further the education of the hygienists in our community.
* Hygienists must still complete registration form to participate.
* A once in a lifetime opportunity to gain access to this relevant information at this price.

**Payment:**

Pay the **full** amount **$200** due September 15th, 2021

**Payment Methods:**

Check made payable to: *Coastal Carolina Dental Forum*

Receive Digital Invoice to **Pay Securely Online**

 Preferred email address to email invoice to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, you agree to the terms listed on the form titled General Information.