

11th Annual Dental Hygiene Clinical Teaching Workshop

The Amazing Race of Clinical Education

To enroll: Please complete this registration form and return it with payment to:

11th Annual Dental Hygiene Clinical Teaching Workshop
UT Health Science Center Dept. of Dental Hygiene
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

CANCELLATION POLICY: Full refund of tuition will be honored if cancellation is provided **on or before April 20, 2010**. Partial tuition will be honored for cancellations **after April 20, 2010**. No refund of tuition will be honored for cancellations **on or after May 11, 2010**. UT Health Science Center San Antonio Department of Dental Hygiene holds the right to cancel the course up to one week before the course. In the event that the course is canceled, registrants will receive full refund of tuition.

FOR MORE INFORMATION: Contact Taline Dadian Infante at (210) 567-8842, email Dadian@uthscsa.edu, fax (210) 567-8843 or visit our Web site: <http://www.uthscsa.edu/shp/dh/cont-ed.asp>.

Please use one form per person; photocopy form as needed.

- Pre-conference Calibration Workshop at UT Health Science Center
Tuesday, May 11, 2010**
- Morning Session (9:00 – 11:50 a.m.) Afternoon Session (1:00 – 3:50 p.m.)
Tuition includes handouts and materials.
EARLY BIRD SPECIAL – Before March 12, 2010: \$145
After March 12, 2010: \$175
- 11th Annual Dental Hygiene Clinical Teaching Workshop
May 12-13, 2010**
- Tuition includes course manual, handouts, continental breakfast and lunches
Early registration (postmark by March 12, 2010): \$395
Group Rate: After first four registrations, \$345 additional registrants
After March 12, 2010: \$445
Group Rate: After first four registrations, \$415 additional registrants

Name, Credentials, Title _____

School Name _____

School Address _____

City, State, Zip _____

Email _____

Office Phone () _____ Office Fax () _____

Enclosed (Payable to UT Health Science Center): Amount: \$ _____

Visa Master Card Check

Card Number _____

Expiration Date _____ 3 Digit CVV Code _____

Card Holder's Name _____

Card Holder's Signature _____

For Office Use: PD _____ IDT _____ Confirmation _____ Pending _____ Coupon _____