



## Registration Form

*(Advance Registration Required)*

Please Print

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

Practice Name: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

*All correspondence and notification of study club meetings are sent via email only.*

Cell Phone or Best Telephone Number: \_\_\_\_\_

The one-time fee of \$150 covers the cost for all lectures. Checks should be made payable to the Charlotte Dental Hygiene Study Club and mailed, along with this completed registration form to:

CharlottePerio  
3535 Randolph Road  
Suite 103  
Charlotte, NC 28211  
704-365-0123

If you have any questions regarding the Charlotte Dental Hygiene Study Club, please contact our Study Club Coordinator, Tammy Parker at 704-365-0123.