



## Registration Form

*Please Print*

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

Practice Name and Telephone Number: \_\_\_\_\_

**Correspondence and notification of meetings are sent via email.**

Preferred Email Address: (please print clearly)

\_\_\_\_\_

If you are mailing your registration fee, please be sure to complete this form and include it with your check. Otherwise, please complete this form and bring it with you to the first meeting.

Dues for the year are \$150.00. You may either bring your check to the first meeting or mail it to our office at CharlottePerio, 3535 Randolph Road, Suite 103-R, Charlotte, NC 28211. Checks should be made payable to Charlotte Dental Hygiene Study Club.

If you have any questions, please give me a call at 704-365-0123.

Study Club Coordinator  
Charlotte Dental Hygiene Study Club