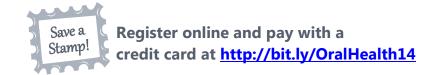
## REGISTRATION

Copy and share this form with colleagues!



The **2014 Virginia Oral Health Summit** is open to all who are interested. To register, visit the link above or complete the form below and mail it to the Virginia Oral Health Coalition office with your check payment by **Friday, November 7, 2014. Pre-registration is required; there will be no onsite registration.** A registration confirmation with searchable directions and parking instructions will be emailed to you after your registration and payment have been processed.

All registration forms and checks must be received by Friday, November 7, 2014.

Step 1: Your Information Please PRINT of	learly	*Required
*Name: Print EXACTLY as it should appear on your name badge.		
		1
*Email:	rnone. <u>(</u>	
Company:	Job Title:	
*Address:		
*City:	*State:	*Zip:
Discipline: □ Dentist □ Dental Hygienist □ Nurse	□ Physician/PA □ Safet	y Net 🚨 Other:
Step 2: Payment		
<b>Payment Policy:</b> Registrations will not be accepted or <b>refundable</b> , however substitutions are welcome. Grownegistration form on or before the registration deadline member of your group). If your payment is returned, the Summit to complete your registration.	p or corporate checks s (please complete a sep	should arrive with a copy of this parate registration form for each
	d, register online at <u>l</u>	http://bit.ly/OralHealth14
All registration forms and checks must be <u>received</u> by	Friday, November 7, 201	4.
Early (on or before Wednesday, October 15)	General (on or before	
□ \$95 Professional	□ \$125 Professiona	
□ \$50 Undergrad/Graduate Student	☐ \$75 Undergrad	'Graduate Student
TOTAL ENCLOSED: \$		
Make your check payable to "Virginia	Oral Health Coalition	

Mail this form with payment by Friday, October 31, 2014, to the Virginia Oral Health Coalition office at 4200 Innslake Drive, Suite 103, Glen Allen, VA 23060.

If you have any questions, contact Samantha Dorr at 804.269.8722 or sdorr@vaoralhealth.org.