

# REGISTRATION

Copy and share this form with colleagues!



Register online and pay with a credit card at <http://bit.ly/OralHealth14>

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** clearly

\*Required

\*Name: \_\_\_\_\_  
Print EXACTLY as it should appear on your name badge.

\*Email: \_\_\_\_\_ \*Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Discipline:  Dentist  Dental Hygienist  Nurse  Physician/PA  Safety Net  Other: \_\_\_\_\_

## Step 2: Payment

**Payment Policy:** Registrations will not be accepted or processed without payment. **Registration fees are non-refundable**, however substitutions are welcome. Group or corporate checks should arrive with a copy of this registration form on or before the registration deadline (please complete a separate registration form for each member of your group). If your payment is returned, you must provide an alternate payment method prior to the Summit to complete your registration.

### Registration Fee

To pay with a credit card, register online at <http://bit.ly/OralHealth14>

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

Early (on or before Wednesday, October 15)

\$95 Professional

\$50 Undergrad/Graduate Student

General (on or before Friday, November 7)

\$125 Professional

\$75 Undergrad/Graduate Student

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

Make your check payable to "Virginia Oral Health Coalition." Tax ID: 27-4082359

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](mailto:sdorr@vaoralhealth.org).