

Annual Session 2019 Registration

Name: _____

Address: _____

Phone: _____

Email: _____

If paying by check, please make payable to: Alabama Dental Hygienists' Association

Credit Card # _____

Expiration date # _____

Security Code # _____

Name on Card: _____

Address if different from above: _____

Registration:

Attend both days \$195 _____

Friday, April 12 \$110 _____

Saturday, April 13 \$110 _____

All registration forms and payments must be received no later than April 9!

**Mail forms and payment to : Kim Williams
29126 Henderson Circle
Madison, AL 35756**