



Hamilton & District Dental Hygienists' Society

REGISTRATION FORM

Membership / Meeting Fees

FEE: \$50

FEES FOR NON-MEMBERS: \$20.00 per meeting

Please REGISTER BY MAIL ONLY. **Mail Cheque or Money Order** (without staples) with this form to: H&DDHS, 540 Kastelic Place, Burlington Ontario L7N 3S9. Make cheques payable to H&DDHS. Receipts will be mailed

PLEASE PRINT:

Name _____

Address: _____ Apt.: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

E-mail address: _____

Cheque number _____

FEEDBACK FORUM

The Hamilton and District Dental Hygienists' Society Executive Committee is dedicated to meeting its members' needs. Please take a moment to answer these questions to make us aware of your preferences. We appreciate your feedback.

What topic(s) interest you for future meetings? Do you have a contact person we may call?
