

Registration Form

**LIDHA's Half-Day Seminar-6 CE's
March 31st, 2019
8:00 am – 3:00 pm**

**Hilton Long Island
598 Broad Hollow Road
Melville, New York 11747**

Full Name (last, first): _____

Street Address: _____

Town, State, Zip: _____

Home/Cell Phone: _____

ADHA member number: _____

Email Address: _____

Fee: \$69 for members; \$79 for non or potential members

Please circle registration fee type above, make checks payable to **LIDHA** and mail to:

Mary Manning
P.O. Box 33
Point Lookout, NY 11569

Cancellation Policy: Written notice of cancellation will be accepted either by email or if postmarked by March 16, 2019. Cancellation requests made after this date cannot be honored.

The Long Island Dental Hygienists' Association, known as LIDHA, has no affiliation with the Long Island Dental Hygienists' Forum, known as LIDHF. We are separate entities with no connections. LIDHA solely represents Long Island Dental Hygienists.

Support us, support your profession!