Registration Form for September 23, 2024 course Early Registration June 20 - September 1st.

\$20.00 BCDHA/NJDHA/ADHA members

\$40.00 Non-Members

\$10.00 Students

Once registered, no refunds. After 9/01/2024 add \$10.00

Name				
Address				
Email				
Cell/phone				
ADHA Member #				
Amount enclosed				
********	*****	*****	******	****
Please mail the check (payable to I	BCDHA) wit	h informati	on to:	
Maria Workman, RDH, MS 80 Prospect Ave				
Westwood NJ 07675				
Virtual Local Anesthesia Renewal	Course with	NJ State B	oard Approval	
4 CE (credits			
Add me to the Email list f	for an <u>applic</u>	ation_		
Email address:				
CPR in 2024, 2025: to satisfy NJ Scycle	State Board o	of Dentistry	mandates for the ne	xt renewal
Add me to the Email list fo	or an applica	ation		