

Idaho State UNIVERSITY

Department of Dental Hygiene

Enclosed \$: _____
(Make check or money order payable to: ISU Dental Hygiene)

Name: _____

Address: _____

Phone: _____

Email: _____

I plan to attend:

Friday, May 18

- | | | |
|--------------------------|---|----------------|
| <input type="checkbox"/> | <i>Diabetes Mellitus: Strategies for Providing Comprehensive Oral Care</i> | \$45.00 |
| <input type="checkbox"/> | Preregistration (May 11 or sooner) | \$40.00 |

Saturday, May 19

- | | | |
|--------------------------|---|----------------|
| <input type="checkbox"/> | <i>Screening Devices for Detecting Oral Cancer</i> | \$20.00 |
| <input type="checkbox"/> | Preregistration (May 11 or sooner) | \$15.00 |
| <input type="checkbox"/> | <i>Nutrition & Oral Health: Watch Your Mouth</i> | \$30.00 |
| <input type="checkbox"/> | Preregistration (May 11 or sooner) | \$25.00 |

Mail this response form and payment to:

Idaho State University
Department of Dental Hygiene
921 South 8th Avenue
Stop 8048
Pocatello, Idaho 83209-8048

On-site Registration is also available one-half hour before courses begin.

Contact Renée Thompson with questions at 208-282-2482 or email thomrene@isu.edu.