



IFDH Global Oral Health Summit

June 26 • 2021

REGISTRATION FORM

Please Print or Type in English.

Print Name:	Date:
Organization:	Title:
Email:	

Registration Fees in \$US & Deadline Dates

	By April 30	By May 31	After June 1
IFDH Member <small>(House of Delegates, Individual member, IFDH Association Representative)</small>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125
Dental Hygienist <small>(Individual member of an IFDH national Dental Hygiene Association member)</small>	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135	<input type="checkbox"/> \$145
Other	<input type="checkbox"/> \$140	<input type="checkbox"/> \$150	<input type="checkbox"/> \$160

Please check the appropriate payment

Payment (in \$US received by IFDH)

Check one option below:

Bank Cashier's Check or Money Order in \$US
(Make payable to IFDH and mail to our address below)

Credit Card
(Enter information below and Fax to 011-240-778-6112 OR scan and email to coordinator@IFDH.org)

MasterCard Visa American Express

Cardholder's Name *(print as it appears on card)*:

Credit Card #:	Expiration Date:
Cardholder's Signature:	Security Code:

PLEASE SEND THIS COMPLETED FORM TO IFDH VIA:

Email: coordinator@IFDH.org or **Fax:** 011-240-778-6112

International Federation of Dental Hygienists 100 South Washington Street, Rockville MD, USA 20850