



**2019 IFDH House of Delegates Business Meeting
August 12-14, 2019, Brisbane Australia
Attendee Form**

NOTE: All names below must register and pay prior to attending the meeting.

Please Print or Type in English.

Association Member (organization): _____

Full Association Member Non Financial Association Member

Names of up to 2 Meeting Delegates:

#1 _____ Email _____

#2 _____ Email _____

Name of Interpreter: _____ Email _____

Name of 1 Observer*: _____ Email _____

Does the observer have a specified role in the Country Association? Yes No

Is the observer a dental hygienist? Yes No

If No, please state the Observer's occupation: _____

What is the purpose of the observer attending the IFDH HoD meeting?

Allied Association Member (organization): _____

Names of up to 2 Observers*:

#1 _____ Email _____

Does the observer have a specified role in the Country Association? Yes No

Is the observer a dental hygienist? Yes No

If No, please state the Observer's occupation: _____

#2 _____ Email _____

Does the observer have a specified role in the Country Association? Yes No

Is the observer a dental hygienist? Yes No

If No, please state the Observer's occupation: _____

This form to be submitted by Association President or Secretary:

Print Name

Signature

Title

Date

... continued on next page

* **Observer:** Each observer to the House of Delegates Business Meeting must receive permission from the IFDH Board of Directors. To obtain permission for an observer to attend, this application must be submitted. All observers will be seated in a section separate from the HoD voting members. The function of the observer is to listen and watch, not to participate in the meeting unless asked to contribute. If the HoD determines it must engage in a Closed Session, all observers will be asked to leave. All expenses for the observer are to be paid by the association member.



INTERNATIONAL FEDERATION
OF DENTAL HYGIENISTS

Payment

Registration:

of attendees (listed on page 1): _____ @ \$350 US = \$_____.

Outback Spectacular (Wed. Aug 14):

of attendees (add ✓ on page 1): _____ @ \$95 US = \$_____.

TOTAL \$_____.

Check one option below:

- Bank Cashier's Check or Money Order in \$US

(Make payable to IFDH and mail to our address below)

- Transfer from your bank via Wire Transfer to:

PNC Bank, 369 Hungerford Drive, Rockville MD 20850, USA

Routing # 031 000 053;

Swift Code: PNCCUS33;

Account #534-324-0017

Name of your bank: _____

Branch: _____

Address: _____

Account #: _____ Sort Code: _____

Transfer date/reference: _____

- Credit Card

(Enter information below and Fax to +1.240.778.6112 or scan and email to membership@ifdh.org)

- MasterCard Visa American Express

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

Credit Card #: _____ Expiration Date: _____

Cardholder's Signature: _____

Please send this completed form to IFDH by January 31, 2019 via:

Email: membership@IFDH.org

or

Fax: 011-240-778-6112

The International Federation of Dental Hygienists

100 South Washington Street, Rockville MD 20850, USA

Phone: 240-778-6790 Fax: 240-778-6112 Website: www.ifdh.org