Thomas P. Hinman Dental Meeting
Request for Course Completion Codes

ATTENDEE INFORMATION
Attendee Name:
Email Address (for follow up): **(CE Codes will be emailed back to you)**
Phone Number:
Badge Number:
Year of the meeting that you need code(s): ☐ 2011 ☐ 2012 ☐ 2013
Address:

COURSE INFORMATION:	
1. Course Number:	Speaker:
Three to Five sentence summary of the course or what you learned:	
2. Course Number:	Speaker:
Three to Five sentence summary of the course or what you learned:	
3. Course Number:	Speaker:
Three to Five sentence summary of the course or what you learned:	

By signing this form, you are verifying that you were in attendance of the course(s) above for the entire lecture period.

Signature: _____

Please fax back to 404-231-9638 or email to bdarby@hinman.org
Please allow 2-4 business days to process your request.