

Thomas P. Hinman Dental Meeting Request for Course Completion Codes

ATTENDEE INFORMATION			
Attendee Name:			
Email Address (codes will be emailed back to you!):			
Phone Number:			
Badge Number:			
Year of the meeting that you need code(s): <input type="checkbox"/> 2014 <input type="checkbox"/> 2013 <input type="checkbox"/> 2012			
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 4-6 Business Days for us to process your request.