

**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"/> 2018 <input type="checkbox"/> 2017 <input type="checkbox"/> 2016	
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 sdavis@hinman.org
Please allow 4-6 Business Days for us to process your request.