



## Registration Form

Please Print

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

**Correspondence and notification of study club meetings are sent via email.**

Preferred Email Address (please print clearly):

\_\_\_\_\_

Dues for the year are \$150.00. Checks should be made payable to the Charlotte Dental Hygiene Study Club. You may either bring your check and this form to the first meeting or mail them to our office:

CharlottePerio  
3535 Randolph Road  
Suite 103-R  
Charlotte, NC 28211  
704-365-0123

If you have any questions regarding the Charlotte Dental Hygiene Study Club, please contact our Study Club Coordinator at 704-365-0123.