2019 Oregon Dental Hygiene Conference RegistrationOnly one registrant per form.

First Name	Last Name		Degree/Designation/Suffix			Nickname or Badge First Name		
Company Name			Position Title	Position Title			Website	
Mailing Address			City		State	Zip	Dept. or Mail Stop	
Business Phone			Cell Phone			Fax		
Home Phone			Home Emai	l		Preferred Em	nail	
Will you be attending:	Full Conference	Friday Only	Saturday	Only				
How did you hear abo	out this event?	Website	☐ Word of N	Mouth Postcard	d Emai	1		
Other (please expla	ain below)							
I am registering as a:	ODHA Dental Hyg	jienist Member or (Other Profession	nal Member				
	Non-member Dental Hygienist or Other Dental Professional Student Re					Registration		
If you are a member, p	blease proved your ADH	IA ID#			_			
Dental Hygieni	ists & Other Dent	al Professiona	als Registra	tion ODHA M	lember	Non	n Member	
	PLEASE CHOOSE ONE	Control of the control	tale at te	Before 10/26*	After 10/26	Before 10/26	6* After 10/26	
	udes: all education sess al breakfast and lunch fo							
FULL Conference Also includes Friday	Registration Reception, Dinner and	Comedy Program		\$245	\$265	□ \$345	\$365	
ONE DAY ONLY R	egistration							
Friday - Also incl	udes Friday Reception			\$190	\$210	\$290	\$310	
Saturday				\$150	\$170	\$250	\$270	
Student Regis	tration							
PLEASE CHOOSE (ONE							
	Registration nual meeting luncheon, p nd trade show. Also incl			student program, conf	erence \$150)		
Includes full day stu	Student Registration ident program, conference show and presentation	•			\$85			
Special Needs:				Total Registration \$				
	have any special require	ements (i.e., specia	al diet, food alle	rgies, handicap access				
	us know here. List nam							
Payment Information	ation							
Check payable to	ODHA			(To maintain security compliance rules, we email. Please mail or	are unable to a	cept credit card	l information via	
Card Number			Expirat	Expiration Date			Amount Authorized	
Cardholder's Name	Cardholder's Name			Cardholder's Signature			CVV#	
Credit Card Billing Add	dress		City		St	ate	ZIP	
Email Address for Cred	dit Card Receipt		Phone	#				

Return form with payment to ODHA office by November 1, 2019 Mail: 147 SE 102nd Avenue, Portland OR 97216 | Fax: 503.253.9172 | Email: registration@odha.org Refunds: Refunds, less a \$50 fee, will be given if cancellation is received in writing by November 1, 2019.

For planning purposes, please select which sessions and special events you will be attending.

Friday, November 8, 2019
Select Your Sessions Below — <u>Friday, 8:00 am-10:00 am</u>
CE #1 - Sharpen Up Your Skills - Deborah McGlynn RDH, BS
CE #2 - Delivering Preventive Oral Health Care to Vulnerable Populations: Turning Challenges into Victories - Lori Killen Aus RDHEP, MA
Select Your Sessions Below — <u>Friday, 10:30 am-12:30 pm</u>
CE #3 - AAP Classification Demystified - Kathryn Bell, RDH, MS, EdD (c)
CE #4 - Current Concepts in Workplace Ergonomics: Enhancing Movement for Dental Hygienists - Brian J Wilkinson, PT, DPT, CHT, CLT
Select Your Sessions Below — Friday, 2:00-4:00 pm
CE #5 - Molecular Diagnostics / Probiotics and Oral Health - Quinne Feng, Ph.D.
CE #6 - Creating an Environment of Safety and Infection Prevention in the Dental Setting - Brandy Cowen, RDH, MS
Do You Plan to Attend the Lunch and Annual General Session? — <u>Friday, 12:30-2:00 pm</u>
☐ Yes ☐ No
Do You Plan to Attend the Hygienists Happy Hour? — <u>Friday, 4:00-5:00 pm</u>
Yes No
SATURDAY, NOVEMBER 9, 2019
Select Your Sessions Below - Saturday, 9:30 am — 12:30 pm
CE #7 - You Can Always Teach an Old Dog: Educating with the Adult Brain in Mind – Tina Clarke RDH Med
CE #8 - What the JUUL? - Lancette VanGuilder, RDH,BS
Select Your Sessions Below — Saturday, 2:30-5:30 pm
CE #9 - Medical Emergencies in the Dental Office – Update 2019 – Steven W. Beadnell, DMD, FACD
CE #10 - Community Water Fluoridation, History, Science, Citizen Beliefs, Politics and Future - Kurt L. Ferré, DDS and Charles C. Haynie, MD
Do You Plan to Attend the Dental Hygiene School Program Director's Meeting (Program Directors ONLY)? — <u>Saturday, 8:00-9:00 am</u>
☐ Yes ☐ No
Do You Plan to Attend your Component Meeting? — <u>Saturday, 8:00-9:00 am</u>
Yes, South West Component
Yes, North West Component
Yes, Metro East Component
Yes, High Desert Component
No, I don't plan to attend the Component meeting
Do You Plan to Attend the Lunch and Awards Program? — <u>Saturday, 12:30-2:30 pm</u>
☐ Yes ☐ No

Registrant agrees to grant ODHA and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by ODHA and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.