

FOOTHILLS DENTAL HYGIENISTS' SOCIETY

A COMPONENT OF THE GEORGIA DENTAL HYGIENISTS' ASSOCIATION

9th ANNUAL SYMPOSIUM

SATURDAY, AUGUST 27, 2011 8:00-3:30

GAINESVILLE CIVIC CENTER

830 Green St. NE

Gainesville, GA 30501

SPEAKERS:

Our speakers this year are Dr. Fiona M. Collins, MBA, MA sponsored by Premier USA and Dr. Margaret Scarlett sponsored by Oral DNA. Dr. Collins will be speaking on "Caries Control" and Dr. Scarlett will be speaking on "Oral Cancer, Salivary Diagnosis, and HPV". There will be time to spend with the exhibitors and a total of six (6) CEU's to be awarded. We are very excited about our program this year and look forward to your attendance.

REGISTRATION: IS 8:00-8:30 AM , CLASSES BEGIN AT 8:30 SHARP

Pre-registration is **necessary** for lunch due to limited seating. In the past we have accommodated those who chose to register on-site. This will no longer be possible. **We must have an accurate head count for lunch no later than August 13th.**

\$60	ADHA MEMBERS	\$90	DENTISTS
\$50	GDHA BOARD MEMBERS	\$60	DENTAL AUXILLARY
\$70	NON-MEMBERS	\$25	HYGIENE STUDENTS

THERE WILL BE A CANCELLATION FEE OF \$25

DIRECTIONS:

FROM ATLANTA: Follow I-85 North to I-985 North. Exit 22, turn left on Hwy 129, and proceed through town. The Civic Center will be on your right as 60 bears left and 129 bears right.

FROM DAHLONEGA: Go 60 South and just as you enter in the main part of Gainesville, the Civic Center will be on your left.

FYI: THE GEORGIA BOARD OF DENTISTRY NOW REQUIRES 11 CLASSROOM HOURS OF CE OF YOUR 22 HOURS REQUIRED FOR LICENSURE

ENCLOSE CHECK TO: FOOTHILLS DENTAL HYGIENISTS' SOCIETY, 3823
CHEROKEE FORD, GAINESVILLE, GA 30506

All checks will be cashed after the symposium.

PLEASE PRINT OR TYPE:

DIETARY REQUIREMENTS: _____

NAME: _____ ADHA ID# _____ STATE LICENSE # _____

ADDRESS: _____

TELEPHONE(S) _____

E-MAIL _____

Please check one of the following categories:

ADHA MEMBER _____ BOARD MEMBER _____ NON MEMBER _____

DOCTOR _____ ASSISTANT _____ STUDENT _____

FRONT OFFICE: _____

IF YOU WOULD LIKE CONFIRMATION MAILED TO YOU PLEASE INCLUDE A SELF ADDRESSED / STAMPED
ENVELOPE

CONTACT INFO: Barbara Harrison at 770-536-3934 or bhdh72@bellsouth.net