American Dental Hygienists' Association

Student Table Clinic and Research Poster Session
Registration Fee Payment Form

Presentation Title:

Presenter's Name(s):

1.

2.

3.

4.

Program Name:

Registration Fee

$40 - if all presenters are registered for Annual Session
$100 - if one or more presenters are not registers for Annual Session

Are all presenters registered for Annual Session? ◯ Yes ◯ No

☐ I am enclosing a check payable to the American Dental Hygienists' Association in the amount of

☐ Please charge my registration fee to my credit card for in amount of

◯ Visa ◯ Mastercard

Expiration Date:

Name as it appears on card:

Signature:_____

Print