

## **OSHA** Training Registration

## January 20, 2022 4pm- 7pm MST via Zoom

Name of office						
Office Contact						
		City	St_	Zip		
Phone Number ()						
Attendees / Pricing						
***Pricing is PER PERSON*	**					
Attendee Name	Attendee Email		Member	Non-member Dentist	Dental Staff	
first & last)			Dentist \$150	\$250	\$75	
	Total Amount Due \$					
PAYMENT OPTIONS: (Select one) FULL AMOUNT -   CHECK   C	DISCOVED AMERI	ICAN RIESS				
CREDIT CARD		]				
NAME ON CARD	EXP. DATE/					
SIGNATURE	SECURITY CODE	_				

\*Checks payable to "Idaho State Dental Association" Address: 1220 W Hays St Boise, ID 83702

Fax form to: 208-343-0775