

12345 first smiles Presentation Request Form

Organization: _____

Contact Person: _____ Shipping Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Presentation Date: _____ ~1st Choice~

_____ ~2nd Choice~

Program Length: _____ *2 hour or 4 hour format

Presentation Time: _____ Registration Begins: _____

Time Meal Served: _____ (if applicable)

Presentation Location: _____

**specify bldg. # or name,
room # or name, floor #,
etc.*

Registration Fee: _____ Included in Fee: _____ CE

non-member _____ Meal

staff/other _____ Refreshments

_____ Other

How To Register: _____ Phone Number

**provide info. for those* _____ Fax Number

that apply _____ Email

_____ Online Registration Web Site

Anticipated Number of Attendees (min. 30 ppl): _____

Attendee Info. (DDS, RDH, RDA, other): _____

Will this training be advertised in any way? _____ If yes, may we have a copy? _____

Please return completed form to Tehani Purdy: _____

Fax: (916) 498-6182

Email: Tehani.Purdy@cda.org

Mail: CDA Foundation
Attn: Tehani Purdy
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Sacramento, CA 95814