

The Greater Fort Worth Dental Hygienists' Association

Event Sponsor/Title:

Event Location:

Event Date:

Time:

[Bring form/gloves/protective lenses]

Event Contact Person:

Phone/email:

Your Name _____ Phone _____

Address _____ City _____ Zip _____

E-mail address: _____

Bilingual? YES ___ NO ___

Liability Coverage: YES ___ NO ___ Company:

For Students Only: Dental Hygiene School:

Instructor tracking your community service record:

Previous Fluoride Varnish experience: Yes ___ No ___

Sealant Certification: Yes ___ No ___

GFWDHS and/ or the Sponsor named above may use my photograph for publicity including but not limited to newspaper, TV, radio, website, newsletters & display boards.

Signature _____ Date _____