

25th Annual Handelman Conference Registration Form

Name _____

Address _____

City/State/Zip _____

Business Phone (_____) _____

Fax (_____) _____

Email _____

School and Year _____

Specialty _____

ADA # (if applicable) _____

PAYMENT

To pay by credit card, please visit our website to register:
<https://rax.rochester.edu/handelman2022>

Check enclosed (payable to Eastman Institute for Oral Health
Division of General Dentistry)

Check one: Dentist Technician EIOH Alumni
 Auxiliary Resident/Student

Total Amount \$ _____

Signature (required) _____

RETURN BY MAIL

Eastman Institute for Oral Health
Box 683
625 Elmwood Avenue
Rochester, NY 14620-2989
Attn: Lavan Dailey

RETURN BY FAX

(585) 273-1235

Please mail or fax your registration by April 18th.

Cancellation: Tuition will be refunded until April 29th,
minus a \$25 cancellation charge.



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