



IFDH 2023 Global Oral Health Summit
November 4, 2023
Registration Form

Please Print or Type in English.

Print Name _____ Date _____

Organization/Company _____

Title _____

Email: _____

Registration Fees

Category (Check one)	2023 Deadline Dates & Fees (In US \$) Please circle one.		
	On or Before August 30	Sept. 1-30	Oct. 1 or after
IFDH Member <input type="checkbox"/> Individual Member <input type="checkbox"/> Full or Affiliated Association Member Representative	Free	Free	Free
Dental Hygienist <input type="checkbox"/> Individual Member of an IFDH national Dental Hygiene Association member	Free	Free	Free
Other <input type="checkbox"/> Dental Hygienist: Non Member <input type="checkbox"/> Dentist <input type="checkbox"/> Oral & Allied Health Professional <input type="checkbox"/> Oral Health Organization Representative <input type="checkbox"/> Company Representative	\$125	\$130	\$135

TOTAL \$ _____ (\$US)

Credit Card: MasterCard Visa American Express

Cardholder's Name (print as it appears on card): _____

Credit Card #: _____ Expiration Date: _____

Cardholder's Signature: _____

Please send this completed form to IFDH via:

Email: membership@IFDH.org; **Fax:** 011-240-778-6112