



IFDH 2025 Global Oral Health Summit

November 8, 2025

Registration Form

Please Print or Type in English.

First Name _____ Last Name _____

Email: _____

Organization/Company _____

Title _____

Professional Designation (Check all that apply)

Dental Hygienist; Dental Therapist; Oral Health Therapist; Oral Therapist; Dentist;
Oral Health Organization Representative; Oral & Allied Health Professional; Company Representative

IFDH Membership (Check one only)

IFDH Individual Member
Member of an IFDH National Association Member
IFDH House of Delegates
Not a member of an IFDH National Association Member

Have you attended a virtual IFDH Global Oral Health Summit in the past?

Yes No

How did you hear about the Summit?

- **IFDH:** eNews; Website
- **My National Association:** Email; Newsletter; Website
- **Referral:** My Company; Colleague

Please send this completed form to IFDH via:

Email: membership@IFDH.org

OR Fax: 011-240-778-6112

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