

Continuing Education for Dental Professionals

Registration Form

Date: _____

Topic: _____

Name: _____

Phone: _____

Address: _____

Email: _____

Amount Enclosed: _____

Please Select: \$55 Per Seminar with CEUs

\$25 Per Seminar without CEUs

Name: _____

Phone: _____

Address: _____

Email: _____

Amount Enclosed: _____

Please Select: \$55 Per Seminar with CEUs

\$25 Per Seminar without CEUs

Name: _____

Phone: _____

Address: _____

Email: _____

Amount Enclosed: _____

Please Select: \$55 Per Seminar with CEUs

\$25 Per Seminar without CEUs

Please return this form with payment to:

Public Health – Muskegon County
Attn: Jackie Balcom, RDH, MEd
209 E Apple Ave
Muskegon, MI 49442

Cancellations must be received 48 hours in advance to receive refund.
If you have questions, please call Jackie at (231) 724-1283.



Public Health
Prevent. Promote. Protect.

Muskegon County