



Please fax this completed form to the Board two weeks prior to the course start date.

I plan to attend: (mark your selection)

Northern California
Wednesday, March 25, 2009
Department of Consumer Affairs Hearing Room, 1st Floor
1625 North Market Boulevard in Sacramento
Calibration course: 1:00 – 3:00 p.m.
Refresher course: 3:00 – 5:00 p.m.
(NO FOOD OR BEVERAGES WILL BE PROVIDED)

Southern California
Wednesday, April 1, 2009
Radisson Los Angeles Westside
6161 West Centinela Avenue in Culver City
Calibration course: 1:00 – 3:00 p.m.
Refresher course: 3:00 – 5:00 p.m.
(NO FOOD OR BEVERAGES WILL BE PROVIDED)

NAME _____
(PLEASE PRINT)

DENTAL LICENSE OR PERMIT NO. _____

PHONE NUMBER _____

E-MAIL _____