

Name: _____ Title: _____

Company/Organization: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail address (for registration confirmation): _____

Do you plan to eat lunch? Yes No

List any special dietary requirements you may have: _____

Are you a member of the South Carolina Oral Health Coalition? Yes No

Check one (1) that best describes you/your organization:

- Government** (State health dept., Environmental Health, Dept. of Education, DSS, DDSN)
- Community** (Local/Regional health depts., Community-based clinics, Head Start/Child Care Centers, etc.)
- Education** (Local school administrators/teachers, PTA, School Nurse Association, Dept. of Education, etc.)
- Providers** (Dentists, hygienists, physicians, hospitals and their respective associations)
- Public** (Foundations, consumer/patient care advocates, organizations that promote oral health/improved quality of life)
- Third-Party Payers** (Managed care, insurance, Medicaid)
- Policy** (Legislators, policy advocates, local and community policy makers, etc.)
- Higher/Professional Education** (PRC, universities, dental/DH schools, nursing/medical/allied health schools)

Please complete the registration form and
return by **mail, fax, or e-mail** no later than
5 p.m. on Friday, December 2, 2016.

*If you have not received a registration confirmation
by **December 2, 2016** please contact Karen Gambrell.*

Karen Gambrell
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Columbia, SC 29201
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For more information call: (803) 898-0724

All participants **must be registered**
to attend; **Walk-ins** on day of event
will not be allowed.



DentaQuest

Internal Use Only: Registration Confirmation Lunch Name Tag