

**FLORIDA DENTAL HYGIENE SYMPOSIUM  
Student Table Clinic Competition  
Saturday, October 2, 2010**

**TABLE CLINIC REGISTRATION FORM**  
*Complete form by typing into the shaded area.  
Use the tab key to move from section to section.  
Save document and return via email.*

Please e-mail the completed form by September 21, 2010 to [mccaulej@palmbeachstate.edu](mailto:mccaulej@palmbeachstate.edu)

**SCHOOL:**

**CONTACT PERSON:**

**TELEPHONE NUMBER:**

**E-MAIL:**

**PRESENTERS:** Please include the names of all students who are presenting, 4 max per table clinic.

- 1.
- 2.
- 3.
- 4.

**TITLE OF TABLE CLINIC:**

**SUBJECT/OBJECTIVE:**

**ELECTRICAL HOOK UP NEEDED (CHECK ONE):**

- YES
- NO

**SCHEDULE:**

Saturday, October 2, 2010

11:15 am – 11:45 am

Table Clinic Set Up

11:45 am – 12:45 pm

Table Clinic Judging and Viewing

*Students are invited to view the Student Table Clinics free of charge  
Only those wanting the Boxed Lunch are required to register for the Event*