



Clinical Educator's Workshop Fones School of Dental Hygiene



Wednesday, May 30, 2018~ 4:30-6:00 PM

Poster Session & Vendor Marketplace/Reception with light refreshments
"Making Learning Meaningful and Measurable"

Vendor Registration Form	
Company Name:	
Representative Name:	Credentials:
Address:	
City:	ST: Zip:
Email:	Phone:
Planning to Attend: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sending Samples: <input type="checkbox"/> Yes <input type="checkbox"/> No
Table for \$100: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bringing Samples: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>I would like a moment to address the audience and present a focus product.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contribution toward Event: \$. <i>Contribution specified for:</i>	
Please indicate how to list company and representative name in program:	
Registration and participation information: Due Date 5/19/18	
Please send completed registration form with your intent to participate by May 19, 2018.	
The event will be held at the University's Health Sciences Center, Fones School of Dental Hygiene, Health Sciences Building, 60 Lafayette St., Bridgeport, CT. 06604	
Direct questions to Addie Gant Administrative Secretary, FSDH, 203-576-4138 or agant@bridgeport.edu or Laura Greco, Dir. of Clinical Education, laurag@bridgeport.edu	
Payment Information	
<input type="checkbox"/> Payment by Check or Money Order made payable to: <i>University of Bridgeport</i> <small>memo: Fones CEW</small>	
<input type="checkbox"/> Payment by Credit Card: Card Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Card No:	Security Code No:
Name on Card (print):	
Expiration Date:	

Print and complete this form. Mail, email or fax the form to:	
Send to: University of Bridgeport Health Sciences Postgraduate Education Department Fones Clinical Educators Workshop 30 Hazel Street, #3 Bridgeport, CT 06604 FAX: 203-576-2377 eherlihy@bridgeport.edu	Registration Contact: Eileen Herlihy-Santiago Health Sciences Postgraduate Education Department eherlihy@bridgeport.edu Phone - 203-576-4880
<i>Thank you in advance for supporting this program!</i>	