

Lessons in a Lunch Box: Healthy Teeth Essentials & Facts About Snacks®

Program Registration Form

Dental School/Organization Information

Name _____

Address _____

Phone Number _____

Dean/Chairperson _____

Website _____

Contact Person(s) (1) _____ (2) _____

Email Address (1) _____ (2) _____

Phone Number (1) _____ (2) _____

Number of Dental Students _____

Anticipated Date of Event _____

Anticipate Time of Event _____

FedEx or UPS Account # _____

Elementary School Information

Name _____

Address _____

Phone Number _____

Principal _____

Website _____

Contact Person(s) (1) _____ (2) _____

Email Address (1) _____ (2) _____

Phone Number (1) _____ (2) _____

Number of Students
in grades 2, 3 and/or _____