

**Community College of Rhode Island
Dental Hygiene Program
Registration Form**

DHYG 2200: Local Anesthesia for the Registered Dental Hygienist

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Cell: _____

Email: _____

Social Security # : _____
(needed for registration)

DUE DATE: DECEMBER 1, 2009

Mail with check (payable to CCRI) in the amount of \$1086.00 to:
Kathleen Gazzola, Chair
Dental Health Department
Community college of Rhode Island
1762 Louisquisset Pike
Lincoln, RI 02865