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| **Registration form** |
| **Organization name:** |  |
| **Contact name:** |  |
| **Contact email:** |  |
| **Phone contact:** |  |
| **Participant(s) information:** |
| **Name:** | **Title:** | **Email** | **Session:** |
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\* Once processed, registration fees are non-refundable.

\* Send completed registration form by email to admin@afrhp.org .
 An invoice will then be sent to you by email.

\* Payment (cheque or money order) to be mailed before the workshop to:

AFRHP (Alberta Federation of Regulated Health Professions Society)

c/o College of Dental Technologists of Alberta

 #304, 13220 St. Albert Trail, Edmonton AB T5L 4W1

For questions or to register, contact Christine Beauchesne admin@afrhp.org .