



The Children's Oral
Health Institute

Lessons In A Lunch Box: Healthy Teeth Essentials & Facts About Snacks®

Preliminary Program Registration Form

Elementary School Information

Name of Elementary School/ Institution

Elementary School/Institution Contact Person

Address of Elementary School/Institution

City _____ State _____ Zip Code _____

Office Phone _____

Fax Number _____

Mobile Phone _____

Email Address _____

Estimated # Children _____

Estimated # Teacher _____

Anticipated Date of Presentation _____

Dental Student Contact Information

Dental School Contact Person

Office Phone

Email Address

Name of Dental School

Dental Student or Dental School Affiliate Name

Home Phone

Email Address

Mobile Phone

Comments:

