

Thomas P. Hinman Dental Meeting Request for Course Completion Codes

ATTENDEE INFORMATION	
Attendee Name:	
Badge Number:	
Email Address (codes will be emailed to you within five business days):	
Phone Number:	
Address:	
Meeting Year Requested: <input type="checkbox"/> 2025 <input type="checkbox"/> 2024 <input type="checkbox"/> 2023	

COURSE INFORMATION:	
1. Course Number:	Speaker:
Please provide a three to five sentence summary of the course to show what you learned.	
2. Course Number:	Speaker:
Please provide a three to five sentence summary of the course to show what you learned.	
3. Course Number:	Speaker:
Please provide a three to five sentence summary of the course to show what you learned.	

By signing this form, you are verifying that you were in attendance at the course(s) above for the entire lecture period.

Signature: _____

Please fax to 404-231-9638 or email to cmckinnon@hinman.org.
Please allow five business days for us to process your request.