



Pima Community College Dental Hygiene Program

GIVE SMILES!



Saturday, February 16, 2019 • 7:30 AM – 3:00 PM

Pima CC West Campus • 2202 S Anklam • Tucson AZ

CE credits are available for interested volunteers



PimaCommunityCollege



SmartPractice

Healthier Practices. Healthier Patients.

UNITED CONCORDIA DENTAL

Protecting More Than Just Your Smile™

Copy & Distribute ♦ One Form per Volunteer

Print Clearly & Complete Entire Form

- Doctor Hygienist Assistant
 - Student (year____) Other_____
- (i.e., Front Office, Non-Dental Student, Faculty, Parent, Administrator)

Name _____

Office/School _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Bilingual Spanish Other _____

AZ BODEX License # _____

- Yes, I am willing to accept referrals and donate aftercare following this event (dentists and specialists)
- Sorry, I cannot participate but please contact me about donating funds or in-kind materials to support this event.

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_____ (Waiver: please read and initial) In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, the following entities or persons: Arizona Dental Foundation, Arizona Dental Association, and Pima Community College and their directors, officers, employees, volunteers, representatives, and agents, the even holders, event sponsors, event volunteers; (B) Indemnify and hold harmless, and agree not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. By registering for this event, I grant the Arizona Dental Foundation and Pima Community College and their agents the right to use my picture, voice, and other reproductions in connection with advertising or publicizing ADF/AzDA and its activities in all forms of media related to this event. _____ (Date)

Fax your completed form to (480) 344-1442

Questions? Contact penny@azda.org • (480) 344-5777 x325