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| Head Start Oral Health Training  **Registration**  **Please email this form to:**  **Diane Kvasnicka**  **Nebraska Head Start Collaboration Office**  **Diane.kvasnicka@nebraska.gov** |  |

**Which of the following best describes you?**

\_\_\_\_\_ Head Start Staff Member

\_\_\_\_\_\_ Head Start Parent

\_\_\_\_\_ Health Professional (Nurse, dental hygienist, dentist, etc.)

\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Register to receive a free toothbrush and certificate of completion**

Name:

Mailing address:

City, State, Zip Code

Email:

Please note this information is kept confidential and is utilized to send a free toothbrush to you as well as email you a certificate of training completion. Please check the following box if you do not want to receive these items.