

# REGISTRATION FORM

Cost: **\$295** for Dentists / **\$195** for RDHs and Aux. / U.S. Funds **\$165** for RDHs + Aux. registering & attending w/ Dentist

**Late Fee:** Add \$10/registrant if after **8/2/24**

Please *clearly* enter your name as it appears with the State Board of Dental Examiners for your CE credit.

*Refunds / Cancellation Dates:*  
Please see policy on front. By registering, you agree to the Terms of Policy.

## I WILL BE ATTENDING:

- 8/9/24 • San Antonio, TX**
- 8/10/24 • Austin, TX**

*Email and/or Text me for sales, discounts and upcoming seminars.*

Please provide a unique email address for all registrants as we will send confirmations, payment receipts and last minute course notifications to all attendees. *We do not share or sell any information given to us.*

	<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH RDA CDA Off. Adm. Email _____
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH RDA CDA Off. Adm. Email _____
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH RDA CDA Off. Adm. Email _____
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH RDA CDA Off. Adm. Email _____

Home or Office of \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Home or Office Mailing Address \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

### (3) WAYS TO REGISTER:

- 1. Mail form with payment to:** **Concord Dental Seminars**  
PO Box 700  
Epsom, NH 03234-0700
- 2. Scan QR Code to register online or visit:**  
[www.concordseminars.com](http://www.concordseminars.com)
- 3. By phone:**  
**(603) 736-9200**



REGISTER ONLINE

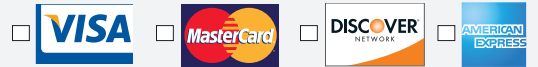
### For Office Use Only:

Date Rec'd \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Check # \_\_\_\_\_



Confirm Out \_\_\_\_\_

**Payment Options:**  Check (make payable to: *Concord Dental & Medical Seminars*)  **Online:** [www.concordseminars.com](http://www.concordseminars.com)



**3 digit CVV or 4 for Amex:**

**Please ensure to provide CVV and expiration date for credit card.**

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
 *Same as above*