

# REGISTRATION FORM

Cost: **\$295** for Dentists / **\$195** for RDHs and Aux. / U.S. Funds **\$165** for RDHs + Aux. registering w/ Dr (see above for details)

**Late Fee:** Add \$10/registrant if after **11/8/24**.

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 above. By registering, you agree to the Terms of Policy.

**I WILL BE ATTENDING:**  
 **11/15/24 • Freeport, ME**  
 **11/16/24 • Manchester, NH**

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.**

*Add me to your email list to hear about sales, discounts and upcoming seminars.*

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

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

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

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

## (3) WAYS TO REGISTER:

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



### 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