

REGISTRATION FORM

Cost: **\$295** for Dentists / **\$195** for RDHs / U.S. Funds
\$165 for RDHs registering w/ Dentist - *see details on reverse*

Late Fee: Add \$10/registrant if after **7/19** (July dates) or **8/2** (August dates).

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

First Name

M.I.

Last Name

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH Email _____
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH Email _____
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH Email _____
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH Email _____

Home or Office of _____

Home or Office Mailing Address _____

City / State / Zip Code _____

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

I WILL BE ATTENDING:

- 7/26/24 • Jessup, MD**
- 7/27/24 • Harrisburg, PA**
- 8/09/24 • Plymouth Meeting, PA**
- 8/10/24 • Lancaster, PA**

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.

Telephone () _____

Cell () _____

(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
- 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



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