

# REGISTRATION FORM

Cost: \$310 for Dentists / \$205 for RDHs and Aux. / U.S. Funds \$180 for RDHs + Aux. in Attendance w/ Dr.

**Late Fee:** Add \$15/registrant if after **Friday, 11/29**

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	DDS	DMD	RDH	RDA	CDA	EFDA	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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

- I WILL BE ATTENDING:**
- 12/6/24 • **Feasterville, PA**
  - 12/7/24 • **Hershey, PA**
  - 12/8/24 • **Cherry Hill, NJ**

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.*

### (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



REGISTER ONLINE

**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

### For Office Use Only:

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



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