

REGISTRATION FORM

Cost: **\$310** for Dentists / **\$205** for RDHs and Aux. / U.S. Funds **\$180** for RDHs + Aux. registering & attending w/ Dentist

Late Fee: Add \$15/registrant if after **Friday, January 17, 2025**

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:

- 1/24/25 • Atlanta, GA**
- 1/25/25 • Columbus, GA**

Please provide a unique email address for each registrant 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
- 3. By phone:**
(603) 736-9200



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

For Office Use Only:

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

_____ Confirm Out _____