

# 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 31, 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:

- 2/7/25 • Santa Fe, NM**
- 2/8/25 • Albuquerque, NM**

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](http://www.concordseminars.com)
- 3. 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 \_\_\_\_\_