

REGISTRATION FORM

Cost: **\$310** for Dentists / **\$205** for RDHs and Aux. / U.S. Funds **\$180** for RDHs + Aux. registering w/ Dr (see above for details)

Early Bird Rate: Deduct \$10/registrant if before **2/15**; **Late Fee:** Add \$15/registrant if after **4/18**.

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 on reverse side. By registering, you agree to the Terms of Policy.

PLEASE INDICATE DATE **4/25/25 • Co. Springs, CO**
YOU WANT TO ATTEND: **4/26/25 • Denver, CO**

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.

Email and/or Text me to hear about sales, discounts and upcoming seminars.

	First Name	M.I.	Last Name	
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:

- 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



REGISTER ONLINE

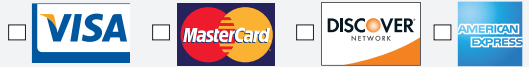
For Office Use Only:

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