

REGISTRATION FORM

Cost: **\$285** for Dentists / **\$185** for RDHs and Aux. / U.S. Funds **\$145** for Staff attending w/ Dr. *(details in yellow burst on reverse side)*

Late Fee: Add \$10/registrant if after **Friday, May 24, 2019.**

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.

I/WE WILL BE ATTENDING: **6/1/19 • Tempe, AZ**

Please note when providing your email address, you are consenting to being added to our mailing list and will receive notifications of upcoming seminars in your area only. (We do not share or sell any information given to us).
 No, do not add my email to your database- only send email communication regarding this seminar (payment receipts & last minute notifications).

| | <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | | | | | | | |
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| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | DDS | DMD | RDH | RDA | CDA | Off. Adm. | Email _____ |
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Confirmations will be mailed to the address below: Home or Office of _____ Telephone _____ (____) _____

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