# REGISTRATION FORM

Cost: **$285** for Dentists / **$185** for RDHs and Aux. / U.S. Funds
**$145** for RDHs & Aux. in Attendance w/ Dr. *(must register together)*
*Late Fee:* Add $10/registrant if after **March 9, 2018.**
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 YOU WILL BE ATTENDING:

☐ **3/16/18 • *Indianapolis, IN*** ☐ **3/17/18 • *Ft. Wayne, IN***

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