

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 **10/4** (NH dates) or **10/25** (ME dates).

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 WANT TO ATTEND:

- 10/11/19 • Manchester, NH** **10/12/19 • Portsmouth, NH**
 11/1/19 • Bangor, ME **11/2/19 • Portland, ME**

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 No, do not add my email to your database- only send email communication regarding this seminar (payment receipts & last minute notifications).





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