

REGISTRATION FORM / U.S. Funds

Cost: **\$299** - Dentists / **\$199** - RDHs & Aux. **PER DAY**
\$169 - RDHs & Aux. in Attendance *with* Dr. (must register together)

Late Fee: Add \$10/registrant if after **Friday, June 8, 2018**. Please see refund policy on reverse side.

Please *clearly* enter your name as it appears w/ State Board for your CE credit.

**Attend both seminars,
take an additional \$15 off each day
(\$30 total in savings) per registrant**

Check date(s) you will be attending:
LOCAL ANESTHESIA + FREQ. PRESCRIBED MEDS

Friday, June 15, 2018 • Anchorage, AK

OPIOID PRESCRIBING + STREET DRUGS

Saturday, June 16, 2018 • Anchorage, AK

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.

	First Name	M.I.	Last Name			
1.	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	DDS DMD RDH RDA CDA Off. Adm.	Email	<input style="width: 100%;" type="text"/>
						(for credit card receipt & last-minute course changes or notifications)
2.	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	DDS DMD RDH RDA CDA Off. Adm.	Email	<input style="width: 100%;" type="text"/>
3.	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	DDS DMD RDH RDA CDA Off. Adm.	Email	<input style="width: 100%;" type="text"/>
4.	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	DDS DMD RDH RDA CDA Off. Adm.	Email	<input style="width: 100%;" type="text"/>
5.	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	DDS DMD RDH RDA CDA Off. Adm.	Email	<input style="width: 100%;" type="text"/>

Confirmations will be mailed to the address below: Home or Office of _____ Telephone (____) _____

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