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 **Friday, August 17 2018**.
Please *clearly* enter your name as it appears with the State Board of Dental Examiners for your CE credit.

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

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☐ **8/25/18 • *Westborough, MA*** ☐ **8/26/18 • *Agawam, MA***

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