

REGISTRATION FORM

Cost: **\$100** for Dentists, Hygienists and Auxiliaries / U.S. Funds
\$70 for RDHs + Aux. in Attendance w/ Dr. - *must register/pay together*
*Late Fee: Add \$10/registrant if after **Thursday, February 8, 2018.***

Refunds / Cancellation Dates:
PLEASE SEE POLICY ON ABOVE FOR ALL DETAILS.

"Prescribing Practices for Opioid Analgesics"

2/15/18 • Concord, NH

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).

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

	<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>								
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS	DMD	RDH	IPDH	RDA	CDA	Off. Adm.	Email _____
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS	DMD	RDH	IPDH	RDA	CDA	Off. Adm.	Email _____
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS	DMD	RDH	IPDH	RDA	CDA	Off. Adm.	Email _____
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS	DMD	RDH	IPDH	RDA	CDA	Off. Adm.	Email _____

(for credit card receipt & last-minute course changes or notifications)

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

Home or Office Mailing Address _____ Cell _____ (____) _____

City / State / Zip Code _____ Fax _____ (____) _____

Payment Options:

Check (make payable to: *Concord Dental & Medical Seminars*)



3 or 4 digit security code:

Card #: _____ **Exp. Date:** _____ / _____
Month Year

Cardholder's Name: _____

Signature: _____

Cardholder's Billing Address: _____

Please mail or fax registration form with payment to:

Concord Dental & Medical Seminars, LLC

PO Box 700 • Epsom, NH 03234-0700

(603) 736-9200 • Fax: (603) 736-9208

or register online at:
www.concordseminars.com



For Office Use Only
Date Rec'd _____ Amt. \$ _____ Check # _____



Confirm Out _____