

# REGISTRATION FORM

Cost: **\$285** for Dentists / **\$185** for RDHs and Aux. / U.S. Funds **\$145** for Staff attending w/ Dr. *(see yellow starburst above for details)*

Late Fee: Add \$10/registrant if after **Friday, January 18, 2019.**

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.

**I / WE WILL BE ATTENDING:**

**1/26/19 • Cincinnati, OH**

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).  
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Confirmations will be mailed to the address below: Home or Office of \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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