

REGISTRATION FORM

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

Late Fee: Add \$10/registrant if after **Friday, April 19, 2019.**

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

First Name

M.I.

Last Name

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH EFDA RDA CDA Off. Adm. Email _____
				<i>(for credit card receipt & last-minute course changes or notifications)</i>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH EFDA RDA CDA Off. Adm. Email _____
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH EFDA RDA CDA Off. Adm. Email _____
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH EFDA RDA CDA Off. Adm. Email _____

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*) **Online:** *www.concordseminars.com*

<input type="checkbox"/>  3 digit CVV: _____	<input type="checkbox"/>  3 digit CVV: _____	<input type="checkbox"/>  4 digit CVV: _____	<input type="checkbox"/>  3 digit CVV: _____
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Card #: _____ **Exp. Date:** _____ / _____
Month Year

Cardholder's Name: _____

Signature: _____

Cardholder's Billing Address: _____
 Same as above

Refunds / Cancellation Dates:

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

PLEASE INDICATE DATE YOU WILL BE ATTENDING:

4/27/19 • Austin TX

4/28/19 • Dallas, TX

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 mail or fax registration form with payment to:

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Date Rec'd _____ Amt. \$ _____ Check # _____



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