

# REGISTRATION FORM

Cost: **\$310** for Dentists / **\$205** for RDHs / U.S. Funds  
**\$180** for RDHs registering w/ Dentist - *see details on reverse*

**Late Fee:** Add \$15/registrant if after **10/4** (Oct dates) or **11/8** (Nov dates).

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 PHDH Email	_____
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH PHDH Email	_____
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH PHDH Email	_____
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS DMD RDH PHDH Email	_____

Home or Office of \_\_\_\_\_

Home or Office Mailing Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

**Refunds / Cancellation Dates:**  
Please see policy on reverse side. By registering, you agree to the Terms of Policy.

## I WILL BE ATTENDING:

- 10/11/24 • Rockford, IL**
- 10/12/24 • Glen Ellyn, IL**
- 11/15/24 • Madison, WI**
- 11/16/24 • Milwaukee, WI**

Please provide a unique email address for all registrants as we will send confirmations, payment receipts and last minute course notifications to all attendees.  
*We do not share or sell any information given to us.*

Telephone (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

### (3) WAYS TO REGISTER:

- Mail form with payment to:** **Concord Dental Seminars**  
PO Box 700  
Epsom, NH 03234-0700
- Scan QR Code to register online or visit:**  
[www.concordseminars.com](http://www.concordseminars.com)
- By phone:**  
**(603) 736-9200**



### For Office Use Only:

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



Confirm Out \_\_\_\_\_

**Payment Options:**  Check (make payable to: *Concord Dental & Medical Seminars*)  **Online:** [www.concordseminars.com](http://www.concordseminars.com)



**3 digit CVV or 4 for Amex:** **Please ensure to provide CVV and expiration date for credit card.**

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
 Same as above