

# 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 **Friday, December 6, 2024**

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

**I WILL BE ATTENDING:**  
 **12/13/24 • Grand Rapids, MI**  
 **12/14/24 • Ann Arbor, MI**

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.**

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

*Add me to your email list to hear about sales, discounts and upcoming seminars.*

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

Home or Office of \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Home or Office Mailing Address \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

### (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**



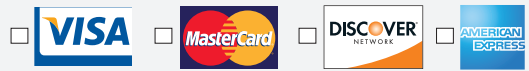
### For Office Use Only:

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*