

REGISTRATION FORM

Cost: \$310 for Dentists / \$205 for RDHs and Aux. / U.S. Funds \$180 for RDHs + Aux. in Attendance w/ Dr.

Late Fee: Add \$15/registrant if after 11/15

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	RDA	CDA	EFDA	Off.	Adm.	Email	_____
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS	DMD	RDH	RDA	CDA	EFDA	Off.	Adm.	Email	_____
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS	DMD	RDH	RDA	CDA	EFDA	Off.	Adm.	Email	_____
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	DDS	DMD	RDH	RDA	CDA	EFDA	Off.	Adm.	Email	_____

Home or Office of _____ Telephone (____) _____

Home or Office Mailing Address _____ Cell (____) _____

City / State / Zip Code _____

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

- I WILL BE ATTENDING:**
- 11/22/24 • Baltimore, MD
 - 11/23/24 • Sterling, VA
 - 11/24/24 • Hagerstown, MD

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.*

(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
- By phone:**
(603) 736-9200



REGISTER ONLINE

Payment Options: Check (make payable to: Concord Dental & Medical Seminars) Online: 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

For Office Use Only:

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



Confirm Out _____