| \$180 for RDHs + Aux. regist Late Fee: Add \$15/registrant if a Please <i>clearly</i> enter your name : | 05 for RDHs and Aux. / U.S. Futering & attending w/ Dentist after Friday, 11/1 as it appears with the State Board | Refunds / Cancellation Dates: Please see policy above. By registering, you agree to the Terms of Policy. of Dental Examiners for your CE credit. | I WILL BE ATTENDING: □11/08/24 • Atlanta, GA □11/09/24 • Columbus, GA | Please provide a unique email address for each registrant as we will send confirmations, paymen receipts and last minute course notifications to all attendees. We do not share or sell any information given to us. |
|--|---|---|--|---|
| First Name | M.I. Last Name | DDS DMD RDH RDA CDA Off. | Adm Email | |
| | | DDS DIND RDH RDA CDA OII. | Adılı. Ellalı | |
| 2. | | DDS DMD RDH RDA CDA Off. | Adm. Email | |
| 3. | | DDS DMD RDH RDA CDA Off. | Adm. Email | |
| 4. | | DDS DMD RDH RDA CDA Off. | Adm. Email | |
| Home or Office of | | | Telephone () | |
| | S | | Cell () | |
| | | | (3) WAYS TO REGISTER: | 国共和国政治 |
| | ck (make payable to: <i>Concord Dental & L</i> | Medical Seminars) Online: www.concordseminars.com CVV or 4 for Amex: Please ensure to provide CVV and expiration date for credit card. | | ter online or visit: |
| Card #: | | Exp. Date: / | For Office Use Only: (603) | register online |
| Cardholder's Name: | | | Date Rec'd Amt. \$ | Check # |
| Signature: | | | Tombando La.A. 200 Company Compa | |
| Cardholder's Billing Address: | | | <u> </u> | Confirm Out |