REGISTRATION FORM

Cost: **$310** for Dentists / **$205** for RDHs and Aux. / U.S. Funds
$180 for RDHs + Aux. registering & attending w/ Dentist
Early Bird Rate: Deduct $10/registrant if before **8/1; *Late Fee:*** Add $15/registrant if after **11/27/26**
Please *clearly* enter your name as it appears with the State Board of Dental Examiners for your CE credit.

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

I WILL BE ATTENDING:

☐ **12/4/26 • *Salem, MA***
☐ **12/5/26 • *Concord, NH***

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

	First Name	*M.I.*	*Last Name*								
1.				DDS	DMD	RDH	RDA	CDA	Off. Adm.	Email	
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 ( )

Home or Office Mailing Address _____ Cell ( )

City / State / Zip Code _____

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

☐ VISA ☐ MasterCard ☐ DISCOVER NETWORK ☐ AMERICAN EXPRESS **3 digit CVV or 4 for Amex:**

Please ensure to provide CVV and expiration date for credit card.

Card #: **Exp. Date: /**

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(3) WAYS TO REGISTER:

1. **Mail form with payment to:**
Concord Dental Seminars
PO Box 700
Epsom, NH 03234-0700

2. **Scan QR Code to register online or visit:**
www.concordseminars.com

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(603) 736-9200

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_____ Confirm Out _____