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 **9/1; *Late Fee:*** Add $15/registrant if after **12/4**
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:

☐ **12/11/26 • *Southfield, MI***
☐ **12/12/26 • *Bay City, MI***

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 not share or sell any information given to us.***

First Name *M.I.* *Last Name*

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2. _____ ☐ _____ DDS DMD RDH RDA CDA Off. Adm. Email _____
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(3) WAYS TO REGISTER:

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