



## Registration Form for Non-Dental Healthcare Professionals at the Thomas P. Hinman Dental Meeting

Please return this form via fax 678.341.3099, e-mail [hd@prereg.net](mailto:hd@prereg.net) or mail to:  
Thomas P. Hinman Dental Meeting 6840 Meadowridge Court Alpharetta, GA 30005

The Thomas P. Hinman Dental Meeting welcomes non-dental healthcare professionals to our meeting and requests that you complete and sign the below form so that we can verify your registration category (R). The Thomas P. Hinman Dental meeting is an Approved PACE Program Provider (FAGD/MAGD Credit) by the Academy of General Dentistry. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. Please check with your own governing board for CE requirements and verification prior to submitting CE certificates for acceptance.

I attest that I am a non-dental healthcare professional seeking CE and will return this form with proof to verify that I match this category for registration purposes. This proof can include a copy of your professional license, a business card or some other form of verification that proves you match the category of non-dental healthcare professional (registration category R).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

Your current mailing address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

Is this:  Home  Office



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by a state or provincial board of  
dentistry or AGD endorsement  
6/1/2014 to 5/31/2017  
Provider ID# 219082