

# REGISTRATION FORM FOR ALL REGISTRANTS

Only one form is necessary for each office, and it can be photocopied to accommodate additional registrants in your office.  
 Be sure to fill out the front and back of this form. Please use a ballpoint pen.

## 1 Office Contact

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Card Holder's Billing Address  Same as Above

Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Registration Categories

Category	Before 2/25	After 2/25	Category	Before 2/25	After 2/25
(A) Dentist	\$150	\$205	(E) Dentist Spouse	\$0	\$0
(1) Dentist in 1st year of practice	\$80	\$105	(F) Assistant	\$55	\$65
(2) Dentist in 2nd year of practice	\$105	\$150	(G) Hygienist	\$60	\$70
(3) Hinman Dental Society Member	\$0	\$0	(H) Office Staff	\$50	\$60
(B) Retired Dentist	\$0	\$0	(I) Lab Technician	\$55	\$65
(C) Resident	\$0	\$0	(J) Student Assistant	\$0	\$0
(D) Dental Student	\$0	\$0	(K) Student Hygienist	\$0	\$0
			(L) Student Lab Tech	\$0	\$0
			(M) Auxiliary Spouse	\$0	\$0
			(N) Youth (ages 12-20)	\$0	\$0
			(T) Children (ages 0-11)	\$0	\$0

See page 7 in the General Information section for badge and tickets to be mailed. Otherwise, packet can be picked up on-site. Retired dentists must complete a form from our registration service requesting retired dentist status.

## Practice Specialty (for dentists only)

- |                         |                        |                   |
|-------------------------|------------------------|-------------------|
| 1. General Practitioner | 5. Oral Surgery        | 9. Prosthodontics |
| 2. Endodontics          | 6. Orthodontics        | 10. Public Health |
| 3. Oral Medicine        | 7. Pediatric Dentistry | 11. Radiography   |
| 4. Oral Pathology       | 8. Periodontics        | 12. Military      |

## 2 Method of Payment

Checks: Checks must be made payable to the Thomas P. Hinman Dental Meeting.  Check Enclosed  Visa  Mastercard  American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ TOTAL FEES \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Signature indicates approval for charges to your account. *Print name as it appears on card.*

Mail registration forms in the enclosed envelope. (The Thomas P. Hinman Dental Meeting, 6840 Meadowridge Court, Alpharetta, GA 30005).  
 Do not mail your form to the Hinman Office. **Faxed forms will not be accepted.** Guests can only register on site. The guest registration fee is \$75.

# REGISTRATION FORM, CONTINUED

### 3 Name for Badge

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Category \_\_\_\_\_ Fee \$ \_\_\_\_\_  
 Practice Specialty (dentists only) \_\_\_\_\_ ADA # \_\_\_\_\_  
 # Code (1-12) \_\_\_\_\_

Please indicate your gender to help us evaluate our marketing initiatives.

First-Time Attendee  Yes  No Last Hinman Attended \_\_\_\_\_

### 4 Registration

Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____
Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____
Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____

### 5 Courses & Special Events

### 6 Total Fees

A.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Category \_\_\_\_\_ Fee \$ \_\_\_\_\_  
 Practice Specialty (dentists only) \_\_\_\_\_ ADA # \_\_\_\_\_  
 # Code (1-12) \_\_\_\_\_

Please indicate your gender to help us evaluate our marketing initiatives.

First-Time Attendee  Yes  No Last Hinman Attended \_\_\_\_\_

Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____
Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____
Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____

B.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Category \_\_\_\_\_ Fee \$ \_\_\_\_\_  
 Practice Specialty (dentists only) \_\_\_\_\_ ADA # \_\_\_\_\_  
 # Code (1-12) \_\_\_\_\_

Please indicate your gender to help us evaluate our marketing initiatives.

First-Time Attendee  Yes  No Last Hinman Attended \_\_\_\_\_

Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____
Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____
Course #	Fee \$	Course #	Fee \$
_____	_____	_____	_____

### 7 Total Fees (Includes all registration courses and special event fees) \$ \_\_\_\_\_

Be sure to review the schedule of concurrent meetings on the inside back cover, for events that may be of interest, and to register using this form.