



Registration Form for First and Second Year Dentists at the Thomas P. Hinman Dental Meeting

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

Dentists who are in their **first year of practice** may attend the meeting for a fee of \$110 (\$135 after 2/16/2023). Dentists in their **second year of practice** pay \$165 (\$205 after 2/16/2023).

A copy of an ADA membership card or other credentials with the year of dental school graduation must be received (*by fax, email or mail – see above*) prior to your badge being released.

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.

I attest that I am a dentist in my first or second year of practice and will return this form with proof to verify that I match this category for registration purposes.

Signature

Print Full Name

Today's Date

Graduation Date

Dental School

Contact Info:

Street

City, State, Zip

Phone / Email



PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

The Thomas P. Hinman Dental Meeting
Nationally Approved PACE Program
Provider for FAGD/MAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
6/1/2021 to 5/31/23
Provider ID# 219082