



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 \$95. Dentists in their second year of practice pay \$145. 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

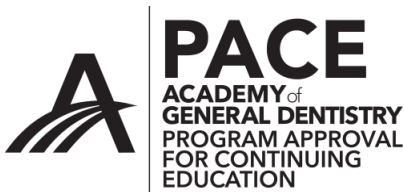
Your current mailing address:

Street

City, State, Zip

Phone / Email

Is this: Home/Cell Office



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.
6/1/2017 to 5/31/2021
Provider ID# 219082