

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

Please return this form via e-mail <a href="mailto:hd@prereg.net">hd@prereg.net</a> or mail to: Hinman Registration at 170 Depot Street, Unit 1A, Blue Ridge, GA 30513

The Thomas P. Hinman Dental Meeting welcomes non-dental healthcare professionals to our meeting and requests that you complete and sign this form so 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.

with proof to verify that I match a copy of your professional lice	al healthcare professional seeking CE an this category for registration purposes. T nse, a business card or some other for of non-dental healthcare professional (reg	his proof can include m of verification that
proves you mater the outegory c	or from derital fredition of professional (reg	noticulori category rvj.
Signature	Print Full Name	 Date



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.
6/1/2023 to 5/31/2027.
Provider ID# 219082