



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 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

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.
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any regulatory authority or AGD endorsement.
6/1/2021 to 5/31/23
Provider ID# 219082