Registration Form for Retired Dentists at the Thomas P. Hinman Dental Meeting

Please return this form via e-mail hd@prereg.net or mail to:
Hinman Registration at 170 Depot Street, Unit 1A, Blue Ridge, GA 30513

In an effort to comply with the ADA affidavit for retired membership, we ask that you complete and sign the following information:

I, Dr._____, ADA # _____
(if applicable)

have retired from the practice of dentistry effective ____/____/____ and:
MM DD YYYY

A) I am no longer earning income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required and **I no longer require CE credits.**

Dentist's signature_____**Fee $0**

OR

B) I am not currently earning income from the practice of dentistry. However, I provide services in a volunteer capacity with dental clinics and/or may need to return to active dentistry in the future. I need to keep my license current and **I still require CE credits.**

Dentist's signature_____**Fee $50**

Contact Information:

_____
Street

_____
City, State, Zip

_____
Phone / Email

PACE ACADEMY of GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

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.
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