



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 \$85 (\$115 after 2/22/18). Dentists in their second year of practice pay \$130 (\$170 after 2/22/18). 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 Office



PACE
Program Approval for
Continuing Education

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