



Registration Form for Retired 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

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 ID _____
(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**

Your current mailing address:

Street

City, State, Zip

Phone

Is this: Home Office



Approved PACE Program Provider FAGD/MADG credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
6/1/2017 to 5/31/2021. Provider ID# 219082