



## 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](mailto: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  
6/1/2014 to 5/31/2017  
Provider ID# 219082