

One Incredible Day. Two Speakers. Seven Credits.

Friday,
September 27
HOTEL ROCK LITITZ

REGISTRATION FORM

EARLY REGISTRATION IS RECOMMENDED. SPACE IS LIMITED!

PRIMARY REGISTRANT (Print)

First Name	Last Name	DMD/RDH/EFDA/DA	
Email Address		AGD #	ADA #
Complete Mailing Address (___ Office ___ Home)			
City	State	Zip Code	Phone Number

ADDITIONAL REGISTRANT (Print)

First Name	Last Name	DMD/RDH/EFDA/DA	
Email Address		AGD #	ADA #
License #			

ADDITIONAL REGISTRANT (Print)

First Name	Last Name	DMD/RDH/EFDA/DA	
Email Address		AGD #	ADA #
License #			

ADDITIONAL REGISTRANT (Print)

First Name	Last Name	DMD/RDH/EFDA/DA	
Email Address		AGD #	ADA #
License #			



Continued on Back

REGISTRATION FORM continued

REGISTRATION BEGINS AT 7:30 AM

Continental breakfast
and lunch will be provided

REGISTRATION FEE

\$47.00 - Early bird registration by August 27, 2019 | \$87.00 - After August 27, 2019

Number of Registrants _____ x \$47.00 Total: _____

Number of Registrants _____ x \$87.00 Total: _____

PAYMENT METHOD

Check for \$ _____ is enclosed payable to M2 Dentistry for Children and Teens

Charge \$ _____

Name (as it appears on card)

Credit Card Number

Expiration Date

Security Code

Billing Zip Code

Signature (Indicates approval for charge to be placed on your account)

CANCELLATION/REFUND POLICY

All requests for refunds or cancellations must be received by September 13, 2019.
Refunds after this date will not be granted. Registration funds are non-transferable.

EMAIL/FAX/MAIL BOTH SIDES OF REGISTRATION FORM TO

M2 Dentistry for Children and Teens

2135 Noll Drive, Suite B

Lancaster, PA 17603

p 717.397.7750 • f 717.397.7740

m2dentistry@yahoo.com

www.pediatricdentist.com

