



2016 Fall Meeting

Please Print Clearly. Use additional pages as needed

Name: _____

☐ Doctor | ☐ Staff | ☐ Dental Student

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

	<u>Qty</u>
Doctor Registration:	\$165* _____
Staff Registration:	\$165* _____
CPR Certification/Recertification:	\$ 60 _____
Student Registration:	\$ N/C _____

**includes breaks and lunch*

☐ **NDA Board Member** **\$ No charge:** I will only attend the 8:45 a.m. – 10:00 a.m.
program: **HR Business Master Plan for Development presented by Vincent Alexander, JD, HR Basics, LLC**

Total: \$ _____

Payment Information

Make check payable to ONSDS & mail with paper registration form to: PO Box 2404, Huntersville, NC 28070

VISA/MasterCard Credit Card # _____

Name on Card _____

Expiration date _____ CVV Code _____ Billing Zip Code _____

Registration Notes or General Information

On-line registration will close on November 12th. After this date, please call 919-219-7013.

All cancellations are required by November 12th and will be charged a \$25 administrative fee unless cancellation is approved by the ONSDS Executive Committee. Cancellations must be made in writing and can be emailed to pallen@onsdsonline.com.

Registration Questions? Please call 919-219-7013 or email pallen@onsdsonline.com.

If you require special dietary needs, please let us know by November 12th.

Continuing Education courses are included in the registration fees except for the CPR certification programs which require special registration. Breakfast and lunch is also included for those paying registration fees.

Register online at www.onsdsonline.com