

# 2017 NCDS 1<sup>st</sup> District Meeting



Saturday, March 18, 2017

**Mission Health/A-B Tech Conference Center –16 Fernhurst Drive – Asheville, NC 28801**

## **REGISTRATION FORM**

Visit the NCDS website, **ncdental.org**, clicking on Meetings and Events Tab on the right-/hand side of the screen, click on the left hand side of the next screen District Meetings and on-line registration can be done.

**On-Line registration will be required by March 10. Please allow 7 to 10 days if you mail your registration form.**

**PLEASE PRINT! NOTE: EACH DENTIST MUST COMPLETE SEPARATE REGISTRATION FORM. COPY THIS FORM AS NEEDED.**

Dentist Name \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Dentist \$75 \_\_\_\_\_

Retired Dentist \$50 \_\_\_\_\_

1<sup>st</sup> Year Dentist/1<sup>st</sup> Year Hygienist/Students Free **FREE** \_\_\_\_\_

Spouse \$30 \_\_\_\_\_

Name \_\_\_\_\_

Staff Members – each \$50 \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

**Attach paper with additional staff names!**

**Grand Total Registration Fees: \$**

## **PAYMENT INFORMATION**

I wish to pay by check payable to: 1st District Dental Society.

I wish to pay by credit card. Please charge my \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard  
Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Authorizes charges to credit card**

**Mail completed registration form along with form of payment to:**

1st District NCDS Dental Society

1600 Evans Road - Cary, North Carolina 27513

Questions: Call 919 234 4027