



2017 NCDS Fifth District Mid-Winter Meeting

Greenville Convention Center - February 17 -18, 2017

Dentist Registration – PLEASE PRINT

Dentist Name _____ Fifth District Member ? YES or NO (please circle)

Address _____

City & State _____

Office Phone (____) _____ Email _____

Please provide the email address above where handouts can be sent prior to the meeting.

Additional Dentist and Dental Team Registration

(Dentist Registration Required – List additional registrants on additional sheet if necessary)

Name _____ Fifth District Member? Yes or No (Please circle)

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Registration Fees

	Number	Fee	Total Registration Fees
5 th District Dentist (registration is per dentist)	_____	x \$325	_____
5 th District Retired Dentist	_____	x \$100	_____
Non-5 th District Dentist (NCDS Member)	_____	x \$400	_____
1st Year Dentists (Fifth District)* SEE BELOW		FREE	_____
Dental School Faculty – full time faculty	_____	x \$125	_____
Dental Students	_____	FREE	_____
Staff Accompanying a Dentist	_____	x \$35	_____

***Note: 1st Year Dentists are to attend the Friday Luncheon and be introduced. PLEASE REGISTER BELOW.**

Events Attending – Indicate Number in blank

Friday, February 17, 2017

8:00 a.m. – 4:00 p.m. Dr. Gordon Christensen's program _____

12:00 p.m. – 2:00 p.m.

Business Meeting and Luncheon

_____ **for all registered dentists and invited guests only**

Saturday, February 18, 2017

8:30 a.m. – 9:30 a.m. Joe Gates, Cyber Liability DECODED _____

10:00 a.m. – 12:30 p.m. Karen Gregory, RN, _____

Safety: The Top 10 Things to KNOW! An OSHA and HIPAA Update

Total Fees _____

PAYMENT INFORMATION

By providing this information below, I have authorized this charge to my credit card:

☐ I wish to pay by check payable to

Fifth District Dental Society and mail to:

North Carolina Dental Society – 5th District

1600 Evans Road, Cary, NC 27513

☐ I wish to pay by credit card. Please charge my

☐ VISA ☐ MasterCard ☐ American Express

Card # _____

Expiration Date ____/____ CVV Code _____

Name on Card _____

Zip Code where statement is received _____