

Continuing Education Registration Form

Mail with check to:
Third District Dental Society
180 Old Loudon Road
Latham, NY 12110

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Registration Fees

ADA Members _____ # courses @ \$190.00 _____

Non ADA Dentist _____ # courses @ \$250.00 _____

Auxiliaries _____ # courses @ \$90.00 _____

Third District Member Discount

_____ Yes, register me for 5 courses from this series and deduct \$50 from my tuition

Total Check Amount to Third District \$ _____

Attendees:	ADA #	Jan 9	Feb 1	Mar 7	Apr 4	May 2
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

We now accept payments through Paypal
Registrations for Paypal must be made at
www.third-district.org Continuing Education link