

# Continuing Education Registration Form

Mail with check to:  
Third District Dental Society  
950 New Loudon Road, Suite 400  
Latham, NY 12110

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Indicate course selections on the back of this form

### Registration Fees

ADA Members \_\_\_\_\_ # courses @ \$190.00 \_\_\_\_\_

Non ADA Dentist \_\_\_\_\_ # courses @ \$250.00 \_\_\_\_\_

Auxilliaris \_\_\_\_\_ # courses @ \$90.00 \_\_\_\_\_

Third District Dental Society Member Discount

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

Total Check Amount to Third District Dental Society

\$ \_\_\_\_\_

Credit card payments may be made only through Paypal  
Which can be accessed at [www.third-district.org](http://www.third-district.org)  
Click on the Continuing Education button

Confirmations will be sent by email and fax only

