Continuing Education Registration Form

Mail with check to:
Third District Dental Society
950 New Loudon Road, Suite 108
Latham, NY 12110

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Registration Fees

ADA Members	_____ # courses @ $200.00	_____
Non ADA Dentist	_____ # courses @ $300.00	_____
Auxilliaries	_____ # courses @ $100.00	_____

Third District Dental Society Member Discount
_____ Register for all 5 courses in this series and deduct $50 from your total 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 Click on the
Continuing Education button
Confirmations will be sent by email and fax only

Attendees:	**ADA #**	Jan 6	Feb 3	Mar 9	Apr 20	May 4
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____