

Register at [Hinman.org](http://Hinman.org)

The Thomas P. Hinman Dental Meeting

# REGISTRATION FORM FOR ALL REGISTRANTS

Be sure to fill out the front and back of this form and use a ballpoint pen.

Mail registration forms to The Thomas P. Hinman Dental Meeting, 6840 Meadowridge Court, Alpharetta, GA 30005.

## 1 PRIMARY REGISTRANT

Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Check here if you would NOT like your e-mail address to be included in lists that exhibiting companies can purchase

Card Holder's Billing Address  Same as Above

Other \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Students & Educators** - please indicate School & Program \_\_\_\_\_

### PRACTICE SPECIALTY *(for dentists only)*

- |                         |                        |                   |
|-------------------------|------------------------|-------------------|
| 1. General Practitioner | 5. Oral Surgery        | 9. Prosthodontics |
| 2. Endodontics          | 6. Orthodontics        | 10. Public Health |
| 3. Oral Medicine        | 7. Pediatric Dentistry | 11. Radiography   |
| 4. Oral Pathology       | 8. Periodontics        |                   |

**2** I have read and agree to abide by the Hinman Code of Conduct provided at [Hinman.org/General-Info/Code-Of-Conduct](http://Hinman.org/General-Info/Code-Of-Conduct).

Signature \_\_\_\_\_

## REGISTRATION CATEGORIES & FEES

Category	On or Before 2/22	After 2/22
(A) Dentist	\$225	\$275
(1) Dentist in 1st year of practice	\$110	\$135
(2) Dentist in 2nd year of practice	\$165	\$205
(3) Hinman Dental Society Member	\$0	\$0
(4) Hinman Spouse	\$0	\$0
(A4) Military Dentist	\$225	\$225
(B) Retired Dentist	\$0	\$0
(B1) Retired Dentist needing CE	\$50	\$50
(C) Resident	\$0	\$0
(D) Dental Student	\$0	\$0
(E) Dentist Guest	\$0	\$0
(F) Assistant	\$85	\$95
(G) Hygienist	\$85	\$95
(H) Office Staff	\$85	\$95
(I) Lab Technician	\$135	\$190
(J) Student Assistant	\$0	\$0
(K) Student Hygienist	\$0	\$0
(L) Student Lab Tech	\$0	\$0
(M) Auxiliary Guest	\$0	\$0
(N) Youth (ages 12-17)	\$0	\$0
(Q) Guest	\$75	\$75
(R) Non-Dental Healthcare Professional	\$100	\$100
(U) Pre-Dental	\$0	\$0
(Y) Educator	\$0	\$0

Please visit

[Hinman.org/Registration/Pre-Registration-Information](http://Hinman.org/Registration/Pre-Registration-Information) for all registration restrictions and requirements.

## 3 METHOD OF PAYMENT

Check Enclosed: Checks must be made payable to the Thomas P. Hinman Dental Meeting.  Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ TOTAL FEES \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

*Signature indicates approval for charges to your account.*

*Print name as it appears on card.*

continued on next page

## REGISTRATION FORM, CONTINUED

### 4 NAME FOR BADGE

### 5 REGISTRATION

### 6 COURSES & SPECIAL EVENTS

### 7 SUBTOTAL FEES

#### A.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Category    Fee \$

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

Practice Specialty (*dentists only*) \_\_\_\_\_  
# Code (1-11)

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

ADA # \_\_\_\_\_ AGD# \_\_\_\_\_

\_\_\_\_\_  
Subtotal Fee \$

Email \_\_\_\_\_

Are you planning to attend the Keynote Session (Event Th4001)?  Yes  No

#### B.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Category    Fee \$

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

Practice Specialty (*dentists only*) \_\_\_\_\_  
# Code (1-11)

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

ADA # \_\_\_\_\_ AGD# \_\_\_\_\_

\_\_\_\_\_  
Subtotal Fee \$

Email \_\_\_\_\_

Are you planning to attend the Keynote Session (Event Th4001)?  Yes  No

#### C.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Category    Fee \$

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

Practice Specialty (*dentists only*) \_\_\_\_\_  
# Code (1-11)

\_\_\_\_\_  
Course #    Fee \$

\_\_\_\_\_  
Course #    Fee \$

ADA # \_\_\_\_\_ AGD# \_\_\_\_\_

\_\_\_\_\_  
Subtotal Fee \$

Email \_\_\_\_\_

Are you planning to attend the Keynote Session (Event Th4001)?  Yes  No

### 8 Total Fees (Including all registration courses and special event fees)

Total \$ \_\_\_\_\_