

Register at 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, 170 Depot St. Unit 1A Blue Ridge, GA 30513

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.

Signature _____

REGISTRATION CATEGORIES & FEES

Category	On or Before 2/20	After 2/20
(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 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 \$ _____