

The 2021 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 () _____

E-mail _____

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 _____

3 I have read and agree to abide by the Hinman COVID Policy provided at Hinman.org/General-Info/COVID-Policy.

Signature _____

REGISTRATION CATEGORIES & FEES

CATEGORY	FEE
(A) Dentist	\$195
(1) Dentist in 1st year of practice	\$95
(2) Dentist in 2nd year of practice	\$145
(3) Hinman Dental Society Member	\$0
(4) Hinman Spouse	\$0
(A4) Military Dentist	\$195
(B) Retired Dentist	\$0
(B1) Retired Dentist needing CE	\$50
(C) Resident	\$0
(D) Dental Student 	\$0
(E) Dentist Guest	\$0
(F) Assistant	\$75
(G) Hygienist	\$75
(H) Office Staff	\$75
(I) Lab Technician	\$125
(J) Student Assistant 	\$0
(K) Student Hygienist 	\$0
(L) Student Lab Tech 	\$0
(M) Auxiliary Guest	\$0
(N) Youth (ages 12-20)	\$0
(Q) Guest	\$75
(R) Non-Dental Healthcare Professional	\$100
(U) Pre-Dental	\$0
(W) Non-ADA Dentist	\$195
(Y) Educator 	\$0

Please visit Hinman.org/Registration/Pre-Registration-Information for all registration restrictions and requirements.

REGISTRATION FORM, CONTINUED

4 CONNECT

As part of your Hinman Dental Meeting 2021 registration, you are automatically included in the online networking community allowing event participants to connect with you and schedule meetings. The information you complete in your user profile will be visible to other meeting attendees and may be used in generating aggregate and anonymized usage statistics and analytics. If you would like to opt out and not be included, you can do so here by selecting No. No

5 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.

6 NAME FOR BADGE

7 REGISTRATION

8 COURSES & SPECIAL EVENTS

9 TOTAL 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# _____

Sub Total Fee \$ _____

Email _____

Must provide unique email address for access to virtual courses.

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# _____

Sub Total Fee \$ _____

Email _____

Must provide unique email address for access to virtual courses.

10 Total Fees (Including all registration courses and special event fees) \$ _____