



## Registration Form for First and Second Year Dentists at the Thomas P. Hinman Dental Meeting

Please return this form via fax 678.341.3099, e-mail [hd@prereg.net](mailto:hd@prereg.net) or mail to:  
Thomas P. Hinman Dental Meeting 6840 Meadowridge Court Alpharetta, GA 30005

Dentists who are in their first year of practice may attend the meeting for a fee of \$85 (\$115 after 2/23/17). Dentists in their second year of practice pay \$130 (\$170 after 2/23/17). A copy of an ADA membership card or other credentials with the year of dental school graduation must be received (by fax, email or mail – see above) prior to your badge being released.

The Thomas P. Hinman Dental meeting is an Approved PACE Program Provider (FAGD/MAGD Credit) by the Academy of General Dentistry. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.

I attest that I am a dentist in my first or second year of practice and will return this form with proof to verify that I match this category for registration purposes.

Signature	Print Full Name	Today's Date
Graduation Date	Dental School	

Your current mailing address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone / Email

Is this:  Home       Office



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dentistry or AGD endorsement  
6/1/2014 to 5/31/2017  
Provider ID# 219082