

# NCDHA 2012 SPRING SYMPOSIUM

Friday, March 2, 2012

## REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Phone with Area Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

State DDS, RDH, DA, or Staff \_\_\_\_\_

Special Dietary Needs Request Deadline 2/24/12 \_\_\_\_\_

Method of Payment

Check

Visa

MasterCard

Please add late registration fee  
for payment faxed or postmarked  
after February 17th.

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

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

Name \_\_\_\_\_

Address (if card is different than above) \_\_\_\_\_

\_\_\_\_\_

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

ADHA Member # \_\_\_\_\_

	Before 02/17/12	After / 02/17/12
<input type="checkbox"/> ADHA/SADHA Member	\$120.00	/ \$140.00
<input type="checkbox"/> NON-ADHA Member	\$145.00	/ \$170.00
<input type="checkbox"/> DDS	\$175.00	/ \$200.00
<input type="checkbox"/> DDS Staff (Kelly Course)	\$99.00	/ \$125.00

Please check one:

Kelly Course

Watterson Courses

Mail or fax registration to:

NCDHA

Fax: 919-782-9470

PO Box 20875

Raleigh, NC 27619

All cancellations received 30 days or more prior to the CE course must be in writing and are subject to a 50% administrative fee per person.

NO REFUNDS 30 days prior to CE course

No partial CE credits will be given