



Registration Form for 2nd District Fall Meeting September 8th, 2017

3 Hours of CE (Subjects: Anterior Implant Restoration:
Mastering the Perio-Restorative Interface presented by Dr. Ryan Cook and
Best Prescribing Practices for OPIOID use in Dentistry)
Ballantyne Hotel – 10000 Ballantyne Commons Pkwy, Charlotte, NC 28277

For hotel reservations, call 866-248-4824 and mention 2nd District NCDS Meeting.

PLEASE PRINT.....Use additional pages as needed or list additional dentist's names on back of this page.

Attending Dentist's Name: Dr. _____ ADA # _____

Preferred Badge First Name: _____ NCDS Member: Y N

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone #: _____

Email: _____

		<u>Qty</u>
Member (2 nd District) Dentist Registration:	\$100	_____
Member (NCDS – another District) Dentist Registration:	\$125	_____
Non-Member Dentist Registration:	\$150	_____

Total: \$ _____

_____ Paying by check: **Make check payable to 2nd District Dental Society and mail with paper registration form to:**
NCDS 2nd District, 1600 Evans Road, Cary, NC 27513

This form can be emailed (pallen@ncdental.org), faxed 919 677 1397 or mailed to the address above.

VISA/MasterCard Credit Card # _____

Expiration date _____ CVV Code _____

Name on Card _____

Address where c/c statement is received _____

City, State and Zip Code where c/c statement is received _____

Forthcoming! Register online at www.ncdental.org – Meetings and Events – District Meetings – District Officers and Meetings (scroll down to Second District News and Info) – WATCH FOR EMAIL! Register Now! Using the paper form.