

# 2019 NCDS 1<sup>st</sup> District Annual Meeting



**Saturday, February 09, 2019**

Cleghorn Golf and Sports Club, 183 Golf Cir, Rutherfordton, NC 28139

## REGISTRATION FORM

Visit the NCDS website, [ncdental.org](http://ncdental.org), clicking on Meetings and Events Tab on the right-/hand side of the screen, click on the left-hand side of the next screen District Meetings and on-line registration can be done.

**On-Line registration will be required by February 2. Please allow 7 to 10 days if you mail your registration form.**

**PLEASE PRINT! NOTE: EACH DENTIST MUST COMPLETE SEPARATE REGISTRATION PAPER FORM. COPY THIS FORM AS NEEDED.**

Dentist Name \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

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

Office Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Dentist \$75 \_\_\_\_\_

Retired Dentist \$50 \_\_\_\_\_

1<sup>st</sup> Year Dentist/1<sup>st</sup> Year Hygienist/Students Free **FREE** \_\_\_\_\_

Spouse \$30 \_\_\_\_\_

Name \_\_\_\_\_

Staff Members – each \$50 \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

**Attach paper with additional staff names**

**YES NO WE PLAN TO ATTEND THE SOCIAL EVENT AS OUTLINED ON FRIDAY EVENING, FEBRUARY 8. PLEASE INDICATE NUMBER OF PEOPLE ATTENDING BELOW.**

**#OF PEOPLE ATTENDING FRIDAY EVENING EVENT.**

**Grand Total Registration Fees: \$**

### PAYMENT INFORMATION

I wish to pay by check payable to: 1st District Dental Society.

I wish to pay by credit card. Please charge my \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Mailing Address for credit card \_\_\_\_\_

*(Include City, State and Zip code)*

Signature \_\_\_\_\_

Authorizes charges to credit card

**Mail completed registration form along with form of payment to:**

1st District NCDS Dental Society, 1600 Evans Road - Cary, North Carolina 27513; Questions: Call 919 234 4027