

REGISTRATION FORM

Georgia Dental Society
71st Annual Summer Meeting
Hilton Myrtle Beach Resort
Myrtle Beach, South Carolina
June 18-22, 2008

Dr. Name _____ Member NonMember

Address _____

City _____ State _____ Zip _____

Contact Ph# _____ Office# _____ Fax # _____

Email _____

MEMBER

AFTER JUNE 1, 2007

Dentists \$450.00 X ____ = _____
(Includes 1 banquet ticket and courses)

Dentists \$500.00 X ____ = _____
(Includes 1 banquet ticket and courses)

Staff \$150.00 X ____ = _____
(Includes 1 banquet ticket and courses)

Staff \$175.00 X ____ = _____
(includes 1 banquet ticket and courses)

Banquet \$ 60.00 X ____ = _____
Only

Banquet \$ 60.00 X ____ = _____
Only

Total _____

Total _____

NON MEMBER

AFTER JUNE 1, 2007

Dentists \$650.00 X ____ = _____
(Includes 1 banquet ticket and courses)

Dentists \$700.00 X ____ = _____
(Includes 1 banquet ticket and courses)

Staff \$175.00 X ____ = _____
(Includes 1 banquet ticket and courses)

Staff \$200.00 X ____ = _____

Banquet \$ 60.00 X ____ = _____
Only

Banquet \$ 60.00 X ____ = _____

Total _____

Total _____

Total Amount Paid \$ _____ Check # _____

Return Registration Forms and Checks Payable to:

Georgia Dental Society

P.O.Box 875

Jonesboro, GA. 30237

www.georgiadentalsociety.org

Ph# 678-858-8203 fax 770-471-9400

POSTMARK REGISTRATION BY JUNE 1, 2007

Registration may be paid by credit card using PayPal at the Georgia Dental Society Website: www.georgiadentalsociety.org. Click on the Visa/Master card logo. At the PayPal site please list ALL persons/courses/tickets you are paying for. After completing your payment online, please print the registration form and mail a copy of the completed form to the above address or fax a copy to 770-471-9400. This information is essential for our records and proper credit for your payments.

ADDITIONAL DENTISTS AND STAFF INFORMATION

Dentist/Staff Member _____
Address _____
City _____ State _____ Zip _____
Contact Ph# _____ Office# _____ Fax # _____
Email _____

Dentist/Staff Member _____
Address _____
City _____ State _____ Zip _____
Contact Ph# _____ Office# _____ Fax # _____
Email _____

Dentist/Staff Member _____
Address _____
City _____ State _____ Zip _____
Contact Ph# _____ Office# _____ Fax # _____
Email _____

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Email _____

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Contact Ph# _____ Office# _____ Fax # _____
Email _____

Dentist/Staff Member _____
Address _____
City _____ State _____ Zip _____
Contact Ph# _____ Office# _____ Fax # _____
Email _____

Dentist/Staff Member _____
Address _____
City _____ State _____ Zip _____
Contact Ph# _____ Office# _____ Fax # _____
Email _____

PLEASE NOTE IF DENTIST IS A MEMBER OR NONMEMBER