

# REGISTRATION FORM

*Georgia Dental Society*  
18<sup>th</sup> Annual Dr. J.E. Carter, Jr. Fall Meeting  
Legacy Lodge & Conference Center  
Lake Lanier Islands, Georgia 30518  
678-318-2076  
**October 8-10, 2010**

Dr. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Ph# \_\_\_\_\_ Office# \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_

## REGISTRATION

## AFTER SEPTEMBER 28, 2010

Dentists \$250.00 X \_\_\_\_ = \_\_\_\_\_

Dentists \$300.00 X \_\_\_\_ = \_\_\_\_\_

(Includes 1 Luncheon ticket and courses)

(Includes 1 Luncheon ticket  
and courses)

Staff \$75.00 X \_\_\_\_ = \_\_\_\_\_

Staff \$100.00 X \_\_\_\_ = \_\_\_\_\_

(Includes 1 Luncheon ticket and courses)

(Includes 1 Luncheon ticket  
and courses)

Luncheon Only \$50.00 X \_\_\_\_ = \_\_\_\_

Luncheon Only \$55.00 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](http://www.georgiadentalsociety.org)

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

POSTMARK REGISTRATION BY SEPTEMBER 28, 2010

-----  
Registration may be paid by credit card using PayPal at the Georgia Dental Society Website:  
[www.georgiadentalsociety.org](http://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 as it tracks 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 \_\_\_\_\_

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 \_\_\_\_\_

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