

Registration

Attach sheet with additional names as needed.
Please list number attending within each category:

	I	II	III	IV	V	VI
Oct. 16, 2009	 	 	 	 	 	
Nov. 1, 2009	 	 	 	 	 	
Dec. 18, 2009						
Feb. 5, 2010						
Mar. 5, 2010						
Apr. 9, 2010						
Oct. 1, 2010						
Nov. 12, 2010						
Dec. 10, 2010						

Total number of registrants and fees:

- I) HADS Member \$60 x _____ = \$ _____
 - II) Guest of HADS Member \$60 x _____ = \$ _____
 - III) Non-HADS, ADA Member \$110 x _____ = \$ _____
 **ADA # _____
 - IV) Guest of Non-HADS, ADA Mbr \$60 x _____ = \$ _____
 **ADA # _____
 - V) Non-ADA Dentist \$295 x _____ = \$ _____
 - VI) Guest Non-ADA Member \$100 x _____ = \$ _____
- Subtotal = \$ _____

Minus any eligible discounts (Cat. I or II) \$ _____
 (must be received by January 1, 2010 to receive discount)

Total amount Remitted by Check = \$ _____
 (Make check payable to HADS)

Name/Degree (Print): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone: (_____) _____

Copy form and attach additional sheets as needed.

Tuition

Lunch is fully included as a part of the meeting fee. The following are the categories for registrants:

- I) **HADS Members:**
\$50 per meeting; \$250 for all 6 2009 meetings
- I) **HADS Members:**
\$60 per meeting; \$300 for all six meetings
- II) **Guest of HADS Members:**
Applies to All EXCEPT any other Dentists.
\$60 per meeting; \$300 for all six meetings
- III) **Non-HADS ADA Member Dentists:**
\$110 per meeting
- VI) **Guest of Non-HADS, ADA Member Dentists:**
(NOT Another Dentist) \$60 per meeting
- V) **Non-ADA Member Dentists:**
\$295 per meeting
- VI) **Guests of Non-ADA Member Dentists:**
(NOT another Dentist) \$100 per meeting

Payments for the full series of 6 lectures must be received by January 1, 2010 to get the discount (if category is eligible). **NO CASH OR CREDIT CARDS ACCEPTED** at this time. ALL cancellations for any meetings attendance **MUST** be at least 4 full business days in advance of the start of the meeting to avoid tuition loss. All sign-ups due 4 days in advance of meeting or \$20 late registration fee will apply. Phone registration is **NOT** available for any course.

Please make all tuition checks payable to:

The Harrisburg Area Dental Society or HADS

Mail completed registration form(s) and payment to:
Harrisburg Area Dental Society
4075 Linglestown Rd. PMB 242
Harrisburg, PA 17112

Harrisburg Area Scientific Sessions

**Sponsored by
The Harrisburg Area Dental Society
Dr. Daniel L.W. Fishel, Program Chairman**

REGISTRATION

7:30 am to 8:30 am

COFFEE

7:30 am to 8:30 am

COURSE TIMES

8:30 am to 4:00 pm

LOCATIONS OF PROGRAM

Meetings will be at the Radisson Penn Harris Hotel and Convention Center, Central Pennsylvania College and Harrisburg Area Community College.

**Central Pennsylvania College
600 Valley Road
Summerdale, PA 17093**

**Holiday Inn Harrisburg West
5401 Carlisle Pike
Mechanicsburg, PA 17050**