Tuition

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

   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 February 1, 2014 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

If you have any questions regarding payment please contact Kim Stone - stonesrus@comcast.net.

Registration

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

	I	II	III	IV	V	VI
Feb. 7, 2014						
Mar. 14, 2014						
Apr. 11, 2014						
Oct. 10, 2014						
Nov. 21, 2014						
Dec. 5, 2014						

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 February 1, 2014 to receive discount)

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

Name/Degree (Print): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: (_____) _____

Email: _____ **AGD#** _____

Copy form and attach additional sheets as needed.