

2019 CPR Course Registration

- Please duplicate for each registrant
- Cost is \$100 per registrant
- Courses are at MDA Office, 29 Association Drive, Manchester, ME
- Number of those who can attend is limited

Friday, April 12 (9:00 am to noon)

Friday, October 18 (9:00 am to noon)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____

You may pay by check or credit card. If paying by check, please make it out to the Maine Dental Association and mail with registration form to PO Box 215, Manchester, ME 04351. If paying by credit card, complete the attached credit card form and return with registration form by mail, fax (207-622-6210) or email (allied@medental.org).

CPR Course Payment by Credit Card

Maine Dental Association

Please Print Clearly

Your Name: _____ Business Name: _____

Name on Card: _____ Phone: _____

Billing Address on Card: _____

City: _____ State: _____ Zip Code: _____

Email: _____

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Security Code:

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(3 digits on back of card)

Exp. Date:

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Month

Year

Amount \$ _____

Cardholder Signature: _____

Disclaimer: A \$50.00 fee will be added to payment if provided information does not match credit card information on file with credit card company and has to be resubmitted to credit card company. By signing above you agree to these terms and conditions.

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CNA

Please mail check or credit card form with registration form to:

Maine Dental Association

PO Box 215

Manchester, ME 04351

You can also fax credit card form with registration form to: (207) 622-6210

Or email credit card form with registration form to: allied@medental.org