



You may register on-line using your Master Card or VISA at  
<http://www.aheconnect.com/registration/areal/findevents.asp>  
or by faxing or mailing in your registration form.  
Payment must be received prior to the program.

## REGISTRATION FORM

(This form may be duplicated. Complete a form for each person registering.)

Program Title: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Registration fee: \_\_\_\_\_ Event Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Discipline (circle one): Dental Other

Specialty/Position: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Prefer mail at: \_\_\_ Office or \_\_\_ Home

**NOTE: To update our computer records, all of the above is needed.**

***Registration for this program via mail, fax, or online acknowledges your responsibility of payment.***

**To register and pay by check, make check payable to Area L AHEC and mail to:**

Attention: Registration  
Area L AHEC  
Post Office Drawer 7368  
Rocky Mount, NC 27804-0368  
Telephone: (252) 972-6958  
Fax: (252) 972-0419

Amount Enclosed: \_\_\_\_\_  
Payment by: \_\_\_ Individual \_\_\_ Agency

Signature: \_\_\_\_\_



**NOTE:** If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact Ms. Brenda Boykin by phone (252) 972-6958 or by fax (252) 972-0419, no later than 14 days before the activity.

**Please bring a jacket or sweater to ensure your comfort. We cannot assure a constant room temperature.**