

Are You Ready for Your (*Dental*) X-ray Inspection?



Friday, June 11, 2021

LOCATION	Join via live webinar	CLICK HERE TO REGISTER
DATE	Friday, June 11, 2021	
LOG-IN PROGRAM	9:30 am–10:00 am 10:00 am–12:00 pm	
EARLY REGISTRATION FEES THROUGH JUNE 4, 2021		

REGISTRATION

The registration fees for this program include administrative costs and educational materials. If your registration is received after the above deadline, the total fee will be the registration fee + \$15.00.

MAHEC has a pay-up-front policy for all CE programs. The only exception is for pre-approved programs where an individual payment plan is appropriate. Registrations received without accompanying payment will not be processed and participants who have not paid the course fee will not be admitted into the program. Unless otherwise noted in course materials, the following cancellation policy applies to all programs:

- Cancellations must be in writing (via fax, email, or mail)
- Cancellations received more than 2 weeks prior to the event will receive 100% refund
- Cancellations received between two weeks and two full business days prior to the first day of the event are refunded at 70% of the registration fee subject to a minimum \$25 cancellation fee
- No refunds or credits will be given for cancellations received less than two full business days prior to the event
- No vouchers will be issued in lieu of a refund
- Transfers/substitute(s) are welcome (please notify us in advance of the program)

MAHEC assumes permission to use audio, video and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.

HAVE A QUESTION? Contact the Program Planner Rosalyn Wasserman, PT, DPT rosalyn.wasserman@mahec.net or 828-257-4437	 Special Services 828-407-2412
REGISTRATION INFORMATION	828-257-4475
FAX REGISTRATION	828-257-4768
ONLINE REGISTRATION	www.mahec.net/cpd
EMAIL	registration@mahec.net
MAIL	MAHEC Registration 121 Hendersonville Road, Asheville, NC 28803

REGISTRATION FORM

Updated contact information.

NAME _____

CREDENTIALS _____

SOCIAL SECURITY # XXX-XX- _____ (last 4 digits required)

OCCUPATION _____

EMAIL ADDRESS _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME COUNTY _____

HOME # _____ **WORK #** _____

EMPLOYER _____

DEPARTMENT _____

EMPLOYER'S ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

WORK COUNTY _____

Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists.

Please remove my name from the MAHEC mailing list.

GENERAL REGISTRATION FEE \$40.00 \$55.00 (after 6/4/21)

MAHEC EMPLOYEES Free (but must register to attend)

Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

Check is enclosed Credit card information provided

Visa MasterCard Discover Card American Express

ACCOUNT # _____

EXP ____ / ____ **CODE ON BACK OF CARD** _____ (3 digits)

NAME ON CARD _____

SIGNATURE _____

Send completed registration form to:

MAHEC Registration
121 Hendersonville Road, Asheville, NC 28803

#65807

Fax: 828-257-4768



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