

Understanding HIPAA: What You Need To Know

SEMINAR REGISTRATION

NOVEMBER 22, 2002 • SHERATON BIRMINGHAM HOTEL • 8:30 A.M. – 12:30 P.M.

CUT ALONG DOTTED LINE

Note: Register only one dentist per form. Please print all information.

Dentist Name _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone (____) _____ Home Phone (____) _____

Fax (____) _____ Email _____

Staff Members Attending:

FN	LN	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check if Dentist is NOT attending.

Registration Fees: (Apply to all attending)

★ **Registration Fees Include One Compliance Manual Per Registered Dentist.**

Member Dentist – \$175/\$200* = \$ _____

Member Staff – \$50/\$75* x _____ = \$ _____

** See Note Below

Non-Member Dentist – \$300/\$325* = \$ _____

Non-Member Staff – \$100/\$125* x _____ = \$ _____

** See Note Below

TOTAL ENCLOSED FOR ALL ATTENDEES = \$ _____

Return registration form with payment (check only) payable to AL-D-PAC, 836 Washington Avenue, Montgomery, AL 36104.

Registration Deadline: October 31, 2002

*Registration fee increases after October 31 deadline.

**Note: If the dentist is not attending, the first staff member must pay the dentist registration fee.