



Association of Retiring Dentists

Transitioning the Lives of Dentists

# 10<sup>th</sup> Annual Meeting Registration by Mail

**(Deadline 10/12/18)**

If paying off line and to register with a check: Please use this form and make check payable to “Association of Retiring Dentists” and mail with completed form to:  
ARD, 1 Woodridge Lane, North Hampton, NH 03862-2145.

.....

Name \_\_\_\_\_ Member? Y / N \_\_\_\_\_

Email Address \_\_\_\_\_

Non-dentist Guest: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Number of Tickets: _____	Members	x (\$179)	=	_____
_____	Member Guests	x (\$139)	=	_____
_____	Non-Members	x (\$219)	=	_____
_____	Copy of Dr. Roadberg’s Book “Life After Density”	x (24.95)	=	_____
Check Enclosed for:				_____

Please keep a copy for your records.

Updated 6/21/18