

REGISTRATION FORM

Risk Management Seminar for Dentists and Staff

Please circle the seminar date you prefer:

Thursday, August 5, 2010

12:30 to 5 pm

Country Inns & Suites

5353 N. 27th Street

Lincoln, NE 68512

402-476-5353

Friday, August 6, 2010

12:30 to 5pm

Holiday Inn Conference Ctr.

3321 S. 72nd

Omaha, NE 68124

402-393-3950

Thursday, October 28, 2010

12:30 to 5pm

Quality Inn/

Sandhills Conference Ctr.

2102 S. Jeffers

North Platte, NE 69101

308-535-6162

Registration fee is \$60 per dentist, \$30 per staff. For the dentist to be eligible for the 7.5% professional liability premium credit, the insured dentist must attend.

Please list the individuals who will be attending from your office and return with a check for the registration fee payable to Harold Diers & Company.

Name of dental practice: _____

Individuals attending seminar:

Total number of attendees: Dentists _____ x \$60 = \$ _____
Staff _____ x \$30 = \$ _____

Total \$ _____ Check Enclosed

Mail to: Harold Diers & Company 11635 Arbor, Suite 230 Omaha, NE 68144

If you have questions, please call us at 800-444-1330, Holly at extension #4 or Marilyn at extension #3.