

REGISTRATION FORM

Risk Management Seminar for Dentists and Staff

Please circle the seminar date you prefer:

Thursday, May 13, 2010	Friday, May, 14, 2010
12:30 to 5 pm	12:30 to 5pm
Ramkota Hotel Bismarck	Ramada Plaza Suite & Convention Center
800 S. 3 rd Street	1635 42 nd Street South
Bismarck, ND 58504	Fargo, ND 58103
701-258-7700	701-277-9000

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 the full four hours.

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.