

# 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. 27 <sup>th</sup> Street Lincoln, NE 68512 402-476-5353	Friday, August 6, 2010 12:30 to 5pm Holiday Inn Conference Ctr. 3321 S. 72 <sup>nd</sup> Omaha, NE 68124 402-393-3950	Friday, October 22, 2010 12:30 to 5pm Quality Inn/ Sandhills Conference Ctr. 2102 S. Jeffers North Platte, NE 69101 308-535-6162
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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.