

**Registration Form - Opioid Prescription Writing**

**First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Registration City** \_\_\_\_\_ **Course Date** \_\_\_\_\_

Enclosed is my check in the amount of \$75 - Payable to NC Dental Opioids

Please mail to NC Dental Opioids, PO Box 454 , Shelby, NC 28151

**Please return the Registration Form and \$75 check payable to:  
N. C. Dental Opioids, P. O. Box 454, Shelby, N. C. 28151**