



REGISTRATION INFORMATION FORM 2011

DATE: _____

NAME OF DENTIST _____

NAME OF PRACTICE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE

FAX

EMAIL

COMPREHENSIVE COURSE

COURSE DATE: _____

OPEN TO:

DENTISTS ONLY

CLINICAL MINI-RESIDENCY

COURSE DATE: _____

OPEN TO:

DENTIST + 2 STAFF*
(*STAFF MAY BE OFFICE MANAGERS,
ASSISTANTS OR GENERAL FRONT
DESK)

MASTERS COURSE

COURSE DATE: _____

OPEN TO:

DENTIST + FRONT DESK STAFF,
OFFICE MANAGERS, ASSISTANTS

PRICING

DENTIST ONLY: \$3,595.00

DENTIST ONLY: \$3,800.00

PLUS ONE STAFF: INCLUDED

PLUS TWO STAFF: INCLUDED

DENTIST ONLY: \$2,700.00

PLUS 1 STAFF +\$850.00 = \$3,550.00

PLUS 2 STAFF +\$850.00 = \$4,400.00

PLUS 3 STAFF +\$425.00 = \$4,825.00

PLUS 4 STAFF +\$425.00 = \$5,250.00

PLUS 5 STAFF +\$425.00 = \$5,675.00

PLUS 6 STAFF +\$425.00 = \$6,100.00

NAMES OF ATTENDEES:

DENTIST: _____

STAFF 1: _____ TITLE _____

STAFF 2: _____ TITLE _____

STAFF 3: _____ TITLE _____

STAFF 4: _____ TITLE _____

STAFF 5: _____ TITLE _____

STAFF 6: _____ TITLE _____

BILLING INFORMATION - We accept VISA, MasterCard & Discover

CREDIT CARD BILLING NAME: _____

BILLING ADDRESS: _____

BILLING ADDRESS, LINE 2: _____

CITY, STATE, ZIP _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY #: (3 DIGITS FROM BACK OF CARD) _____

PLEASE FAX COMPLETED FORM TO: 952-920-0105, OR CALL US AT 952-345-0290.

ALL REQUESTED INFORMATION IS REQUIRED FOR PROCESSING.

CREDIT CARD INFORMATION REQUIRED TO COMPLETE REGISTRATION & RESERVATION