

**Comprehensive Course in Dental
Sleep Medicine
Registration Form 2017**



Date: _____

Name of Dentist _____

Name of Practice _____

Address _____

City, State, Zip _____

☎ Phone - office _____

📱 Phone - mobile _____

📠 Fax _____

✉ Email _____

Comprehensive Course - Choose Spring or Summer Course Dates

Spring Course Dates: March 30 - April 1, 2017

Fall Course Dates: September 14-16, 2017

Open to Dentists Only

Course Fee: \$3,795.00 per Dentist

Names of Attendees:

Dentist 1	GF/DF/Celiac/K/V/Vegan
Dentist 2	GF/DF/Celiac/K/V/Vegan
Dentist 3	GF/DF/Celiac/K/V/Vegan
Dentist 4	GF/DF/Celiac/K/V/Vegan
Dentist 5	GF/DF/Celiac/K/V/Vegan

Billing Information - We accept Visa, MasterCard & Discover

Will you be staying at the seminar hotel? Yes No

What cell phone number can we use while you are in town? _____

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 is required to complete registration and secure reservation.

*Prices valid for calendar year 2017. Please note, we hold pricing as long as possible. Please consult our office for pricing beyond December 31, 2017.

Internal Use	
Added to CC	____/____/____