

SEMINAR REGISTRATION

April 14, 2016 - 6:15p-9:30p



1) GUEST REGISTRATION

Dentist (name) _____

Spouse/Guest _____

2) ATTENDANCE *(Hors d'Oeuvres and Desserts will be provided in-between seminars)*

Interested in attending (please check)

_____ Both Seminars I & II

_____ Short Seminar Series I @ 7:00p

_____ Short Seminar Series II @ 8:15p

3) CONFIRMATION

How you would like to receive your Registration Confirmation and Seminar Reminder? (check one)

a) _____ Text Message Reminder Cell Phone () _____

b) _____ Email Reminder Your e-mail _____

4) SPECIAL REQUESTS

Please let us know if you have any special food allergies, dietary restrictions or other requests.

5) RETURN REGISTRATION FORM TO US BY: April 4th

FAX registration form to: 219-922-7258

or E-MAIL your completed form to: Terry Gill - tgill@orthospcs.com

Please save the pdf to your computer first and then open the saved file before completing!

Thank you for your interest in our NEW Learning Exchange! We look forward to seeing you!