

Forensic Dentistry and the Law



Dr. Edward Pavlik

When:

Friday, May 7, 2010

Where:

Turning Stone Resort
Clubhouse @ Shenandoah
Verona, NY

Time:

8:00 - 8:30 Registration
9:00 - 9:30 Meeting
9:00 - 12:00 Seminar
12:30 - 5:00 Shotgun Start
5:00 - 7:00 Reception

Fax Your Registration to:
315-437-6013

Mail Your Registration to:
Fifth District Dental Society
6323 Fly Road, Ste. 3
E.Syracuse, NY 13057

Pre-Registration Form

DEADLINE FOR PRE-REGISTRATION IS MAY 3, 2010

Dental Practice / Primary Dentist Name: _____
Tel Number: _____ Fax Number: _____ Email: _____

Mailing Address (Confirmations of all registrants listed below will be sent to this address or faxed/emailed to above info.)
Street _____
City _____ State _____ Zip _____

Course Credit: 3 MCE

\$110 MEMBER*, \$220 NONMEMBER*, \$90 STAFF/RESIDENTS*

Continental B'fast is Included
Seminar Fee does not include the Golf Package

REGISTRANT 1 Full Name: _____
 Dr. Ms. Mr. _____
ADA #(Dentists/Students) / SS# (Others) _____
 DDS/DMD RDH DA Course Fee: \$ _____

REGISTRANT 2 Full Name: _____
 Dr. Ms. Mr. _____
ADA #(Dentists/Students) / SS# (Others) _____
 DDS/DMD RDH DA Course Fee: \$ _____

REGISTRANT 3 Full Name: _____
 Dr. Ms. Mr. _____
ADA #(Dentists/Students) / SS# (Others) _____
 DDS/DMD RDH DA Course Fee: \$ _____

REGISTRANT 4 Full Name: _____
 Dr. Ms. Mr. _____
ADA #(Dentists/Students) / SS# (Others) _____
 DDS/DMD RDH DA Course Fee: \$ _____

REGISTRANT 5 Full Name: _____
 Dr. Ms. Mr. _____
ADA #(Dentists/Students) / SS# (Others) _____
 DDS/DMD RDH DA Course Fee: \$ _____

PAYMENT METHOD:

Please bill my: MC Visa Discover Amex

Credit Card Number: _____

Exp. Date: _____ Signature: _____

Check enclosed Payable to: Fifth District Dental Society

Total Fee For All Registrants: \$ _____