Fifth District Dental Society

FDDS Use Only
Date Rec'd _____ Payment _____

2023 SPEED DATING FOR THE NEW DENTIST AND RESIDENT

HIRING DENTIST REGISTRATION FORM

September 13, 2023 • 6-8pm • Brae Loch Inn • Cazenovia, NY

------ Limited Space Available ------ $100 Registration Fee

You Must Be PreRegistered - No Walk-Ins

Dentist Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

In my stead, please register my associate/partner: _____

Payment Information

$100 Registration Fee

❑ Check enclosed made payable to: Fifth District Dental Society

❑ MasterCard ❑ Visa ❑ American Express

Credit Card # _____ Exp. Date _____ Amount _____

Print Name of Cardholder _____ Signature _____

Cardholder Email _____ Cardholder Address: _____
(receipt of payment emailed to this address) (if different from above)

Return by September 6th:

Fifth District Dental Society

6323 Fly Road, Suite 3, E. Syracuse, NY 13057

Tel. (315) 434-9161 • Fax. (315) 437-6013 • Email: kbowers@5dds.org