

REGISTRATION FORM

Please register me for the following course:

Charleston, SC

May 9-11, 2019

October 10-12, 2019

Phoenix, AZ

July 18-20, 2019

Programs include: Course Materials, Manual of Powerpoint Slides, Cadaver Dissection, ADA CERP Certificate of Attendance, Breakfast and Lunch Each Day, Refreshments, and 21 Hours of Continuing Education Credit.

**Tuition: \$4,395.00 for Doctors
\$1,000.00 for Auxiliaries**

NAME: _____

SPECIALTY: _____

ADDRESS: _____

CITY: _____ STATE: _____

COUNTRY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

PRINT NAME FOR CERTIFICATE: _____

METHOD OF PAYMENT: VISA MASTER CARD CHECK \$ US

CREDIT CARD #: _____ EXP. DATE: _____

SIGNATURE: _____

Audio/Video taping of the course is NOT permitted.

Mail or fax registration form with payment to:

John Russo, D.D.S., M.H.S.

1704 Bay Road • Sarasota, FL 34239

Phone: 941-955-3100 • Toll Free: 866-317-7760 • Fax: 941-955-4769

In case of cancellation by registrant, refunds will be made if received no later than three weeks prior to the program date. If attendance is insufficient, participants will be notified of cancellation or reschedule one month prior to event. In this circumstance, organizers will not be held liable for any expenses incurred by participants prior to this date.