REGISTRATION FORM

Seattle King County Dental Society

Snohomish County Dental Society

SCHOOL OF DENTISTRY
UNIVERSITY of WASHINGTON

Date: Friday, March 9, 2018
Morning: Methods, Materials and Madness
Afternoon: The Stuff that Matters – Tipping Points that Motivate Change and Identify Meaning in Your Business and in Your Life
Speaker: Michael C. Fling, DDS
Location: Lynnwood Convention Center **Times:** 8:30am - 4:30pm **Credit Hours:** 7

ATTENDEE

NAME POSITION IN DENTAL OFFICE

PREFERRED MAILING ADDRESS [ ] WORK [ ] HOME

CITY STATE ZIP

DAYTIME TELEPHONE NUMBER FAX

EMAIL **Email address required for confirmation and receipt*

ADDITIONAL ATTENDEES

NAME POSITION IN DENTAL OFFICE

NAME POSITION IN DENTAL OFFICE

DIETARY RESTRICTIONS: [ ] Vegetarian [ ] Vegan Other:_____

METHOD OF PAYMENT

PRICE: On or before October 31, 2017 [ ] DENTIST $219 [ ] RETIRED DENTIST/STAFF $149
November 1 to January 31, 2017 [ ] DENTIST $239 [ ] RETIRED DENTIST/STAFF $169
February 1 to March 9, 2018 [ ] DENTIST $259 [ ] RETIRED DENTIST/STAFF $189

Dentist(s): _____ X $_____ = $_____

Retired Dentist/Staff: _____ X $_____ = $_____

TOTAL DUE: $_____

[ ] VISA [ ] MasterCard [ ] American Express [ ] Check enclosed
(Checks should be made out to Seattle-King County Dental Society)

CARD ACCOUNT NUMBER EXPIRATION DATE CVC CODE

FULL NAME (AS IT APPEARS ON CARD)

CARDHOLDERS SIGNATURE

Please send this form to:
Seattle-King County Dental Society
1111 Harvard Ave
Seattle, WA 98122

Or fax to:
Seattle-King County Dental Society
(206) 443-9308

Please note that confirmation emails will be sent to you one week before the course.
Receipts available upon request. - Questions? Call SKCDS (206) 448-6620.

CANCELLATION AND REFUND POLICIES Refunds, minus a $40 processing fee, will be awarded up until five business days before the course. After five business days, no refunds will be awarded.

FOR STAFF USE ONLY
Payment processed __ ☐
Aptify Entered_____ ☐