REGISTRATION FORM

Seattle King County Dental Society

Snohomish County Dental Society

SCHOOL OF DENTISTRY
UNIVERSITY of WASHINGTON

Friday, March 10, 2017
The Pankey Institute Speakers:
Dr. Mark T. Murphy, DDS, FAGD – Simplifying and "Selling" the Complex Case; Moving Past Insurance Entitlement.
Dr. Dale Sorenson, DDS – Considerations in Achieving Exquisite Restorative Dentistry: Preparation and Provisionalization.
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

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

METHOD OF PAYMENT

PRICE:
June 1 to September 30 [ ] DENTIST $199 [ ] RETIRED DENTIST/STAFF $149
October 1 to November 30 [ ] DENTIST $219 [ ] RETIRED DENTIST/STAFF $169
December 1 to February 9 [ ] DENTIST $239 [ ] RETIRED DENTIST/STAFF $189
February 10 to March 10 [ ] DENTIST $259 [ ] RETIRED DENTIST/STAFF $209

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

FOR STAFF USE ONLY
Payment processed __ ☐
Aptify Entered _____ ☐

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.