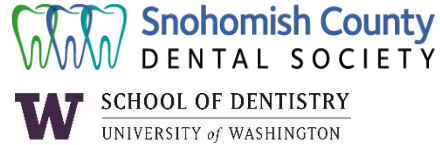


REGISTRATION FORM



Friday, March 1, 2019

Homecare, Herbals and the Prescription Opioid Crisis: What You Need to Know Today

Speaker: Karen Baker, BS, MS

Location: Lynnwood Convention Center **Times:** 8:30am - 4:30pm **Credit Hours:** 7

ATTENDEE

NAME		POSITION IN DENTAL OFFICE
PREFERRED MAILING ADDRESS	<input type="checkbox"/> WORK	<input type="checkbox"/> HOME
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER	FAX	
EMAIL <i>*Email address required for confirmation and receipt</i>		

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, 2018 DENTIST \$219 RETIRED DENTIST/STAFF \$149
November 1 to January 31, 2018 DENTIST \$239 RETIRED DENTIST/STAFF \$169
February 1 to March 1, 2019 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 – February 22, 2019. After February 22, 2019, no refunds will be awarded.

FOR STAFF USE ONLY

Payment processed

Apptify Entered