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**CONTINUING EDUCATION COURSE SIGN-UP SHEET**

*(fax or mail - see below)*

**Wednesday, June 20, 2018 2-9 PM**

**Gordon Fraser, DDS**

**"Soft Tissue Concepts for the General Dentist"**

***Airtel Plaza Hotel, Van Nuys, CA***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meal Selection: \_\_\_\_Lemon Thyme Chicken \_\_\_Sliced Filet Mignon \_\_\_\_Grilled Vegetable Plate w/Rice

*(Please indicate the total number of each meal required)*

Course Tuition by June 13. (Add $10 between June 13 and June 19. Add $25 at the door):

 Member $175 Non-Member $ 300

 ADHP $ 90 Students & 1st Year Grads $ 90

 Retired or Life Retired member $ 75

Enclosed is my payment of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_Check \_\_\_\_\_Credit Card

\_\_VISA \_\_MC \_\_DISCOVERCARD \_\_Amex Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 or 4-Digit Sec Code \_\_\_\_\_\_\_\_\_\_\_

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address Street Number:\_\_\_\_\_\_\_\_\_\_\_\_ Billing Address Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wednesday, September 26, 2018, 2-9 PM**

**Joyce Bassett, DDS**

**"Cutting Edge Technology With Digital Design and Real World Cosmetic Dentistry"**

***Airtel Plaza Hotel, Van Nuys, CA***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meal Selection: \_\_\_\_Roasted Salmon \_\_\_Chicken Marsala \_\_\_\_Spaghetti Pasta Primavera

*(Please indicate the total number of each meal required)*

Course Tuition: (Add $10 between June 13 and June 19. Add $25 at the door):

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 ADHP $ 90 Students & 1st Year Grads $ 90

 Retired or Life Retired member $ 75

Enclosed is my payment of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_Check \_\_\_\_\_Credit Card

\_\_VISA \_\_MC \_\_DISCOVERCARD Amex\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 or 4 Digit Sec Code \_\_\_\_\_\_\_\_\_\_\_

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address Street Number:\_\_\_\_\_\_\_\_\_\_\_\_ Billing Address Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_