

**CONTINUING EDUCATION COURSE SIGN-UP SHEET**

*(fax or mail - see below)*

**Wednesday, October 23, 2019 2-9 PM**

**Harel Simon, DMD**

**"Challenges in Implant Dentistry"**

***Provisionals, Passive Fit and Loose Restorations – Be Prepared***

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

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

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

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

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

Course Tuition: (*Add $10 after 10-11-19; $25 after10-18-19; $50 after 10-22-19)*

Member $175 Non-Member $ 300 (call for fees after 10-11-19)

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, November 20, 2019, 2-9 PM**

**Tom Viola, RPh, CCP**

**"Top of the Heap: Frequently Prescribed Medications and Clinical Dental Considerations”**

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

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

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

Meal Selection: \_\_\_\_Roasted Salmon \_\_\_Rosemary & Sage Roasted Chicken \_\_\_\_ Pasta Pomodoro

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

Course Tuition: (*Add $10 after 10-11-19; $25 after10-18-19; $50 after 10-22-19)*

Member $175 Non-Member $ 300 (call for fees after 10-11-19)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax back** to: 818.576.0112

**Mail to**: 9205 Alabama Ave., Ste B, Chatsworth, CA 91311