

**CONTINUING EDUCATION COURSE SIGN-UP SHEET**

*(fax, email, or mail - see below)*

**Wednesday, July 7, 2021 6:00PM-8:00PM**

**Wednesday, July 21, 2021 6:00PM-8:00PM**

**Wednesday, August 4, 2021 6:00PM-8:00PM**

**Wednesday, August 18, 2021 6:00PM-8:00PM**

**2021 Dental Business Success Business Summit 4-Part Series**

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

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

Course Tuition:

Member $ FREE Non-Member $ FREE

ADHP $ NA Students $ NA

Retired or Life Retired member $ NA

If you are a member of the American & California Dental Association with a different component, please list your component name here so that you may get the member pricing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Email to: wendy.sfvds@sbcglobal.net**

**Fax back** to: 818.576.0112

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