

**CONTINUING EDUCATION COURSE SIGN-UP SHEET**

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

**Thursday, March 18, 2021 6:30PM-8:30PM**

**Jason W. Pair, DDS**

**The Use of Temporary Anchorage Devices in Orthodontics**

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

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

Course Tuition:

Member $ FREE Non-Member $ 49.00

ADHP $ 25.00 Students $ FREE

Retired or Life Retired member $ FREE

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