

REGISTRATION PAGE

FRIDAY, NOVEMBER 6, 2009

DR. MARK HYMAN COURSE
TIMES UNION CENTER FOR THE PERFORMING ARTS
TERRY THEATER

8:30 A.M. TO 4:00 P.M.

REGISTRATION BEGINS AT 7:30 A.M.

FDA/NEDDA/CCDS/JDS Member Dentist:	\$ 225.00
Staff of Member Dentist:	\$ 65.00
Non Member Dentist:	\$ 325.00
Staff of Non-Member Dentist:	\$ 85.00

Member Dentist Name: _____
Number if Staff of Member Dentist: _____

Non-Member Dentist Name: _____
Number of Staff of Non-Member Dentist: _____

You can fax your Registration to: 904-355-4478
You can pay by check made payable to:
Jacksonville Dental Society
2028 Boulevard Street
Jacksonville, FL 32206

You can also pay by Credit Card: Mastercard and Visa **Only**.

Mastercard: _____ Exp. _____

Visa: _____ Exp. _____

Name as it appears on the card: _____

Billing Address on the card: _____

Phone Number attached to the billing address: _____

Fax Number for the Receipt: _____

Call with any questions to: 904-355-4232 and ask for **Betty or Sally**

Registration Deadline is: November 3, 2009

No refunds after October 23, 2009.