

THE ARK-LA-TEX ACADEMY OF DENTISTRY

**PRESENTS
REGISTRATION FORM FOR**

THE NEW PERIO MEDICINE PROTOCOL

**BY
DR. TIM DONLEY, D.D.S., M.S.D.**

FRIDAY, OCTOBER 1, 2010

**CLARION HOTEL
SHREVEPORT, LOUISIANA
PROMPT STARTING TIME 8:30 AM
7 HOURS CONTINUING EDUCATION LECTURE CREDITS**

REGISTRATION TO BE RECEIVED NO LATER THAN

NO LATER THAN SEPTEMBER 24, 2010

**MAIL OR FAX TO:
Dr. Clint Bruyere**

PLEASE ENTER YOUR PHONE AND FAX NUMBERS AND ALSO YOUR E-MAIL ADDRESS

(Print Name) _____ [] I WILL ATTEND [] I WILL NOT ATTEND

PHONE: _____ FAX NUMBER _____

EMERGENCY CANCELLATION #'S: HOME # _____ CELL # _____

E-MAIL ADDRESS _____

THESE STAFF MEMBERS WILL ATTEND: (PLEASE PRINT)

1. _____
2. _____
3. _____
4. _____
5. _____

**ALL CANCELLATIONS MUST
BE BY SEPTEMBER 24, 2010**

**PLEASE
YOU MUST INCLUDE YOUR CHECK
WITH REGISTRATION**

**Dr. Non-Member Fee: \$245 (Non-refundable - AFTER DEADLINE TO MEETING)
Staff/Lab Tech (each): \$ 45 (Non-refundable - \$55 if not received by deadline) \$ _____.**

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