ARK LA TEX ACADEMY OF DENTISTRY

THE ARKLATEX ACADEMY OF DENTISTRY REGISTRATION FORM

Course Date: **September 15, 2017**

Course Instructor: **Alex Fleury, D.D.S., MS**

Course Title: **Restorative Endodontics: "A Modern Standard of Care for Long-Term Success"**

Course Format: Lecture   Course Objectives, Synopsis, and Biography Enclosed

Registration: 8:00 – 8:30 a.m.   Lecture: 8:30 – 4:30 Wyndham Garden Hotel, Shreveport, Louisiana

(formerly the Clarion Hotel)

REGISTRATION MUST BE RECEIVED NO LATER THAN: SEPTEMBER 8, 2017

Mail to: Arklatex Academy of Dentistry

444 Forest Square, Suite G, Longview, TX 75605

Fax to: (903) 236-4537

Questions: Contact Dr. Clint Bruyere at (903) 753-0337

The Advisory Board and the Course Director have no relevant financial relationships to disclose. No commercial support has been given for this program.

PLEASE ENTER ALL INFORMATION

_____ ( ) I will attend   ( ) I will not attend

    Please Print Name

Phone_____   Fax Number_____

Emergency Cancellation Numbers   Home_____   Cell_____

Email_____

These Staff Members Will Attend: **PLEASE PRINT**

1._____   4._____

2._____   5._____

3._____   **Payment Enclosed $_____**

Staff/Lab Tech of **Member** Dentist (each): $45 **(Non-refundable 7 days prior to meeting)**

Non-Member Doctor, Staff or Lab Tech Fee: $295 **(Non-refundable 7 days prior to meeting)** Enclosed is my check for $_____

Non-Member Doctor's Staff Fee: $150 for each staff member attending with non-member doctor