

Registration Form

The Key to Locking Out Lawsuits for Dental Professionals with a representative from Legally Mine
Tuesday, September 21, 6:00 p.m. fellowship / 7:00 p.m. dinner
Eagle Brook Country Club, 2288 Fargo Blvd., Geneva

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder

Registration Form

The Puzzle of Periodontics with Yetta McCollum, DDS, MS
Tuesday, November 16, 6:00 p.m. fellowship / 7:00 p.m. dinner
Riverside Receptions, 35 N. River Lane, Geneva

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder

Registration Form

Cannabis...Denticus: THC, CBD and other Cannabinoids and Proposed Uses in Dentistry with Tom Viola, RPh, CCP
Tuesday, January 25 6:00 p.m. fellowship / 7:00 p.m. dinner
Two Brothers Roundhouse, 205 N. Broadway, Aurora

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder

Registration Form

Soft Tissue Around Dental Implants with Luis Gonzaga, DDS
Tuesday, March 15, 6:00 p.m. fellowship / 7:00 p.m. dinner
Aurora Country Club, 1548 W. Prairie Rd., Aurora

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder

Registration Form

Infant Freneotomies with Milton Gievelis, DDS
Tuesday, April 19, 6:00 p.m. fellowship / 7:00 p.m. dinner
Eagle Brook Country Club, 2288 Fargo Blvd., Geneva

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder