



2258 Newport Lane, Geneva, IL 60134
Phone: 630-232-4229 / Fax: 630-232-4240
e-mail: info@frvds.org
www.frvds.org

Registration Form

Trends in Dental Associate Contracts, Restrictive Covenant Agreements, and Private Practice Valuations with Todd Erdman, PC and Peter Ackerman, CPA, CVA, CEPA
Tuesday, October 17, 2023, 6:00 p.m. social hour/ 7:00 p.m. dinner
Mio Modo, 200 S. Second St., St. Charles

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 \$80; or, bill my credit card for \$80 ____ YES! I will attend and have prepaid as a Season Ticket Holder



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Without Value There is Only Price with Miranda Beeson, RDH
Tuesday, January 16, 2024, 6:00 p.m. social hour / 7:00 p.m. dinner
Copper Fox, 477 S. Third St., 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 \$80; or, bill my credit card for \$80 ____ YES! I will attend and have prepaid as a Season Ticket Holder



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The Best Practices to a Better Life with Kirk Behrendt
Tuesday, March 19, 2024, 6:00 p.m. social hour / 7:00 p.m. dinner
Mio Modo, 200 S. Second St., St. Charles

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 \$80; or, bill my credit card for \$80 ____ YES! I will attend and have prepaid as a Season Ticket Holder



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Registration Form

Interdisciplinary Case Studies with FRVDS Member Participants
Tuesday, April 16, 2024, 6:00 p.m. social hour / 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 \$80; or, bill my credit card for \$80 ____ YES! I will attend and have prepaid as a Season Ticket Holder