

CLINICAL REGISTRATION

Mail or fax to Seattle Study Club, 635 Market Street, Kirkland, WA 98033 | Phone 425.576.8000 | Fax 425.827.4292

Please copy this page if additional forms are needed. By submitting a registration form, each registrant acknowledges and agrees to the terms of the cancellation and refund policy, the full text of which is shown in The Fine Print (page 32) of this brochure. The cancellation and refund policy applies regardless of the reason for cancellation, including but not limited to unforeseen personal or world events.

Name _____

[Circle One] GP OS Perio Prosth Ortho Endo Lab Other

Club Name _____

Address _____

City _____ State/Province _____ Zip _____

Home _____ Work _____

Cell _____ Fax _____

E-mail _____

Jacket Size [Circle One] Male: S M L XL XXL Female: S M L XL

Dietary Restrictions _____

Travel Arrangements I am staying at: The Phoenician Resort Other

CLINICAL PROGRAM TUITION

On or before October 15, 2009 \$2,395 _____

After October 15, 2009 \$2,545 _____

PAYMENT INFORMATION

Payment Type VISA MC AMEX or Check # _____

Credit Card # _____ Exp _____ CVS# _____

Name on Card _____

Billing Address for Card _____ Zip _____

MONDAY BREAKOUT SESSIONS

Please place in order of preference (1 is who you would like to see most, 6 is the least). Registrants will be assigned to two breakout sessions based on space availability.

_____ Dr. Michael Fling

_____ Dr. Bob Margeas

_____ Dr. Harold Menchel

_____ Dr. J. William Robbins

_____ Dr. Jeffrey S. Rouse

_____ Dr. Marcos Vargas

DIRECTORS ONLY

Please choose from the following (*select one*):

_____ Two breakouts selected above

_____ Drs. Avishai Sadan & Sillas Duarte

TUESDAY OPTIONAL CLINICAL PHOTOGRAPHY WORKSHOP

Case Acceptance with Dr. Glenn Krieger

\$595