

I AM INTERESTED IN THE ORTHODONTIC SYMPOSIUM , PLEASE SIGN ME UP.

Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip code: _____

State Dental License #: _____

Please make your selection:

Level 1 - Fresno, California: Cost \$3,500

Level 2 - Fresno, California: Cost \$3,500

Level 3 - Fresno, California: Cost \$3,500

Sign me up. Full payment of \$3,250 enclosed. Discount \$250 received.

Sign me up. \$500 down payment enclosed. Followed by 5 equal automatic credit card payments of \$600 - due on the 1st of each month.

Sign up my assistant. 4 sessions - \$1,500
\$375 down payment enclosed. Followed by 5 equal automatic credit card payments of \$225.

Assistant Name: _____

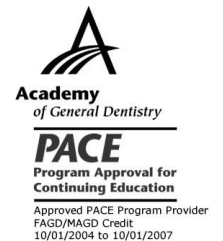
Payment Method:

Check Enclosed. [Make payable to Dockstader Dental Lab-Clinic Account]

Credit card #: _____

Expiration date: __/__/__ Signature: _____

**Payment due
with application** \$ _____



Please mail registration form with payment to: Dockstader Dental Lab, 340 West Cromwell Ave, Fresno, CA 93711 or fax to: (559) 439-8147.