

Registration Form  
ADAidm workshop



## My Practice, My Business Advanced Workshop

Tactical Marketing Application and Advanced Case Presentation with Treatment PRO

Date of Workshop: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Names of Those Attending Workshop:

_____	Doctor	\$ 1995
_____	Team Member	\$ 395
_____	Team Member	\$ 395
_____	Team Member	\$ 395
_____	Team Member	\$ 395

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Hotel Accommodations: \_\_\_\_\_

Payment:

Total Balance: \$ \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Number on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Authorization code number on back: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remit payment to: ADA Intelligent Dental Marketing  
10542 South Jordan Gateway, Ste. 375  
South Jordan, Utah 84095

Fax this form to: 800.942.2859



> Receipt of payment reserves your requested course date!