Registration Form NCOFSC Dental Fest & Expo 2012

"Registration Will Be based On First Come First Serve"

Practice/Doctor Name_____

Practice Phone_____ **Practice Fax**_____ **Email**_____

Address_____ **City**_____ **State**_____ **Zip Code**_____

Name Of Contact_____-_____

Registration Fee $50 Per Person ►► **$75 Per Person after Feb 9th!!**

Total Number Attending_____ **Total Amount Enclosed Or To Charge**_____

*******Make Checks Payable To NCOFSC Dental Fest 2012*******

○ VISA ○ MasterCard ○ DISCOVER

Name On Card_____

Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Exp Date** _ _ / _ _ **Code On Back** _ _ _ _

Card Holder Signature_____

Billing Address_____ **City**_____ **State**_____ **Zip Code**_____

Please Mark Your Course Selections With An "X" **Print First Name, Last Name And Degree (s)**	101	102	103	104	105	106	107	108	109	110	111	112	113	114

Fax Completed Form To: Nancy Alvarado 760-432-0179 or Mail To: 839 East Grand Avenue, Escondido CA. 92025