

McHale Dental Seminar Registration

Name: _____

Specialty Title: _____

Address: _____

City: _____

State: _____ Zip Code _____

Phone: _____ Fax: _____

E-Mail Address: _____

One-day Seminar Cost:

Dentist \$195

Hygienist \$159

Spouse/Staff \$ 85

Payment Method

Check Amount \$ _____ payable to: McHale Dental Seminars

Credit Card Payment:

Visa

MasterCard

Discover

Amex

Card# _____ Exp.Date: _____

Card Holders Name: _____

Authorizing Signature: _____ Date: _____

Mail or Fax registration form and payment to:

McHale Dental Seminars
P.O. Box 182141
Coronado, CA 92178

Phone 877-562-4253

Fax 760-749-6593