

REGISTRATION FORM

Please send completed registration forms* and fee to:

Rochester Dental Study Club
 255 Woodcliff Drive
 Fairport, New York 14450

			#Attending	=	Amt. Enclosed
M.C.D.S. /S.D.D.S. Member	\$80.00	x	_____	=	_____
New/Younger Members <i>(graduated from dental school in 2016, 2017 or 2018)</i>	\$50.00	x	_____	=	_____
Non-Member	\$100.00	x	_____	=	_____
Auxiliaries	\$45.00	x	_____	=	_____
Dental Student/Resident /MCC Hygiene	FREE	x	_____	=	_____
Additional Fee for On-Site Registration	\$20.00				
				TOTAL =	_____

Please mark the session you are attending for each registration.

SESSION I

January 8, 2019 6:30 pm

Dr. Marc Rossow _____
 Dr. Doron Kochman _____
 Dr. Randolph Mitchell _____

January 8, 2019 7:45 pm

Dr. Marc Rossow _____
 Dr. Doron Kochman _____
 Dr. John Vorrasi _____

SESSION II

January 14, 2019 6:30 pm

Dr. Robert Lang _____
 Dr. Filip Ambrosio _____
 Dr. Ke Shang _____

January 14, 2019 7:45 pm

Dr. Robert Lang _____
 Dr. Filip Ambrosio _____

Registrant's Name

ADA # _____

Address _____

Phone _____

*Please submit a Registration Form for each attendee.

*Multiple attendees can be paid with one check.