

EXTREME

“DENTAL CLINIC MAKEOVER”

SEMINAR

REGISTRATION FORM

Office Name _____

Office Address _____

Phone () _____

E-mail _____

Check one:

- Friday, January 15 Saturday, January 16
 Friday, January 22 Saturday, January 23

(Fee includes Break refreshments and Lunch)

Attendee Name(s) _____ \$75 Fee

Total Due _____

Payment Information *(Please pay before seminar)*

Make checks payable to: **Design Unlimited**

Mail to: Design Unlimited
303 W. Upham St., Ste. 100
Marshfield, WI 54449

Seminar Location

Center for Advanced Studies of Functional
and Restorative Esthetics
180 Wilburn Road
Sun Prairie, WI 53590

Additional Information and Questions

Visit www.designunlimitedmfld.com and click on the “Seminar” button; or call Donna or Katie at (800) 814-8451