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OMAX CONTINUING EDUCATION IMPLANT STUDY CLUB MEETING

DR. SCOTT MACLEAN
“Restorative and Implant Dentistry”

01 December 2017
8:00am – 1:00pm

Registration & continental breakfast starts at 8:00 am

CENTERPLACE REGIONAL EVENT CENTER
2426 N Discovery Place, Spokane Valley WA 99216
Auditorium Room

REGISTRATION FORM

Please complete and return this registration as soon as possible. The course fee is \$150.00 for each doctor and \$25.00 for each accompanying staff member. If you are not able to attend and would like to send your staff, the initial fee for the first staff member would be \$75.00 and any additional staff would be \$25.00. You may mail this to the address below, fax it to 509-922-7244 or e-mail to denise@omaxsurgery.com.

Mail Registrations To: **OMAX**
Daniel W. Skinner, D.D.S., M.S.
12509 E Mission Ave Ste 101
Spokane WA 99216

OFFICE/PARTICIPANT NAME: _____

OFFICE CONTACT: _____ **PHONE:** _____ **E-MAIL:** _____

- Yes, I will attend.
- No, I will not be able to attend.
- Yes, my staff will attend # ____ (please attach a list of staff members)

If you have any questions or concerns, please contact us at 509.928.3600.