

REGISTRATION FORM
“TREATMENT PLANNING”

Sponsored by: Timothy P. Walsh, D.D.S.

WEDNESDAY, MARCH 24, 2010

RUTH LAKE COUNTRY CLUB
6200 S. MADISON
HINSDALE, ILLINOIS 60521

REGISTRATION & DINNER	6:00p.m.
LECTURE	6:30p.m. – 9:00p.m.

3 AGD CE CREDIT HOURS

REGISTRATION FEE:

\$55 per each Doctor

THIS SEMINAR IS BY INVITATION ONLY

**PLEASE SEND THIS REGISTRATION FORM
WITH PAYMENT TO:**

TIMOTHY P. WALSH, D.D.S.
6901 STANLEY AVENUE
BERWYN, ILLINOIS 60402
708-749-4080

**“TREATMENT PLANNING”
March 24, 2010**

NAME: _____

ADDRESS: _____

PHONE: _____

ACADEMY OF GENERAL DENTISTRY (AGD) ID #: _____