

REGISTRATION FORM

**“The Oral Health-Systemic Health Connection:
A New Responsibility for Dentistry”**

BY: DR. RAY WILLIAMS
SPONSORED BY: TIMOTHY P. WALSH, D.D.S.

TUESDAY, MARCH 24, 2009

LAGRANGE COUNTRY CLUB
620 S. BRAINARD
LAGRANGE, ILLINOIS 60525

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

3 AGD CE CREDIT HOURS

REGISTRATION FEE:

\$85 per each Doctor

THIS SEMINAR IS BY INVITATION ONLY

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

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

“The Oral Health-Systemic Health Connection:
A New Responsibility for Dentistry”
Tuesday, March 24, 2009

NAME: _____

ADDRESS: _____

PHONE: _____

ACADEMY OF GENERAL DENTISTRY (AGD) ID #: _____