

**REGISTRATION FORM**

**“THE PERIO-RESTORATIVE CONNECTION”**

By: David Newkirk, D.D.S. & Robert Pick, D.D.S.  
Sponsored by: Timothy P. Walsh, D.D.S.

**WEDNESDAY, APRIL 22, 2009**

LAGRANGE COUNTRY CLUB  
620 S. BRAINARD  
LAGRANGE, ILLINOIS 60525

REGISTRATION & DINNER      5:00p.m.\*  
LECTURE                              5:30p.m. – 9:00p.m.

\*Please note change in start time

4 AGD CE CREDIT HOURS

**REGISTRATION FEE:**

\$125 per each Doctor

**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 PERIO-RESTORATIVE CONNECTION”  
April 22, 2009**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

**ACADEMY OF GENERAL DENTISTRY (AGD) ID #:** \_\_\_\_\_