



Seminar Registration
February 2, 2012
The Future of Dental Marketing
Fred Joyal

Please RSVP by Tuesday, January 24, 2012

VISA/MC/Amex/Discover Card # _____

Expiration Date _____/_____/_____

Name on Credit Card _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____ Website _____

Practice Name _____

Indicate All Seminar Participants:

Name	Title (DDS, DMD, RDH, CDT)	Specify Dinner Choice: Prime Rib- Chicken - Vegetarian

Total Fee: \$ _____

Please fax registration information to (310) 478- 4067 or
 Email your registration to: drles@ucla.edu

Make Checks Payable to: LAACD
 Mail checks to:
 LAACD, c/o Les Latner, DDS
 2990 S. Sepulveda Blvd., Suite 204
 Los Angeles, CA 90064

Cancellation Policy

Requests for refunds/cancellations must be received via email or fax by:
 5:00 PM, Tuesday, January 24, 2012 to drles@ucla.edu or fax (310) 478-4067