

**REGISTRATION FORM FOR  
DENTAL MANAGEMENT COALITION  
ANNUAL CONFERENCE  
June 3 to 5, 2012**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (b) \_\_\_\_\_ Phone (h) \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

***List special requests; list names of adult guests; list names of children; list pre and/or post nights:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration fee \$ \_\_\_\_\_ Adult guest \$ \_\_\_\_\_  
Children (15 years and under) \$ \_\_\_\_\_ Extra nights \$ \_\_\_\_\_

Maximum 2 adults and 2 children in one room  
Credit card handling fee \$50. Please add to total.

***Deadline: April 27, 2012***

TOTAL: \$ \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Credit card name, # and expiration date

\_\_\_\_\_  
Credit card charges will appear under K L Travel, Inc/IATS Ticketmaster Canada.

\_\_\_\_\_  
Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

-or-

**Please make check payable to DENTAL MANAGEMENT COALITION  
c/o 322 Heathcote Road, Scarsdale, NY 10583**

Fax: 914 472 7431

**All fees are non refundable**

The goal of the Dental Management Coalition for all participants is to improve patient care and stay abreast of changes in dental healthcare practices and management. In order to provide a balanced approach to educational activities, all speakers must inform participants of any affiliation or financial interest with manufacturers of any commercial products that may be perceived as creating a conflict of interest. This policy is intended to make you aware of the faculty's interests and will allow you to form your own judgments about the materials and/or procedures in each course.