

Registration Form
EVOLVE OR DIE
 ROBIN CROW
 January 27, 2012
 Richland Country Club
 Brentwood, Tennessee

Name _____
 Street _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____
 Staff names attending _____

	Before Jan 20	After Jan 20	
Dentist (TNACD Member)	250	275	= _____
Dentist (Non-member)	275	300	= _____
2012 TNACD Dues	100		= _____
Staff/ Spouse	80	95	= _____
		TOTAL	= _____

* The first attendee must pay appropriate Doctor Fee.
 7 hours AGD Approved CE

Mail to: TNACD
 C/O Wayne Lichliter
 2176 West St. #302
 Germantown, TN 38138

Make Checks Payable to TNACD
 For more information
 901-754-2967
 waynelichliter@gmail.com
 No refunds after January 24

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