

Registration Form

**Anterior Bonded Restorations**

Dr. Pascal Magne  
September 17, 2010  
Embassy Suites, Cool Springs  
Franklin, Tennessee

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Staff names attending \_\_\_\_\_

	Before Sept 1	After Sept 1	
Dentist (TNACD Member)	295	325	= _____
Dentist (Non-member)	345	375	= _____
Student/Recent 2yr Graduate	225		= _____
2010 TNACD Dues	100		= _____
Staff/ Spouse	75	90	= _____
		<b>TOTAL</b>	= _____

\* The first attendee must pay appropriate Doctor fee.

**Mail to:** TNACD  
C/O Leslie Barrilleaux  
412 East Willow St  
Scottsboro, AL 35768

**Make Checks Payable to TNACD**  
\*For more information\*  
256-574-3993  
yoursmiles@scottsboro.org  
No refunds after Sept 10th

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	Before Sept 1	After Sept 1	
Dentist (TNACD Member)	295	325	= _____
Dentist (Non-member)	345	375	= _____
Student/Recent 2yr Graduate	225		= _____
2008 TNACD Dues	100		= _____
Staff/ Spouse	75	90	= _____
		<b>TOTAL</b>	= _____

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