

Registration Form

ARTISTIC SMILE DESIGN: Facial Changes through Dental Temporization

Dr Elliot Mechanic

January 29, 2010

Cool Springs Embassy Suites

Franklin, Tennessee

Name _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Staff names attending _____

	Before Jan 15	After Jan 15	=	_____
Dentist (TNACD Member)	300	325	=	_____
Dentist (Non-member)	325	350	=	_____
2010 TNACD Dues	100		=	_____
Staff/ Spouse	75	90	=	_____
		TOTAL	=	_____

* 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 January 15th

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