

MAKE THE RIGHT CALL...JOIN US FOR "TEAM CONCEPTS FOR THE DENTAL IMPLANT PRACTICE"

FRIDAY, SEPTEMBER 22, 2017
@TOWSON UNIVERSITY MARRIOTT
CONFERENCE HOTEL

REGISTRATION/BREAKFAST, 8:30AM
PRESENTATION 9AM-NOON
LUNCH (PROVIDED) NOON-1PM
AFTERNOON SESSION 1-3PM

DR. SAM STRONG AND STEPHANIE STRONG, RDH, PRESENT
THE PERFECT MEETING FOR SURGICAL AND RESTORATIVE
OFFICES SEEKING TO IMPROVE THE PROCESSES BEHIND A
SUCCESSFUL IMPLANT PRACTICE!

YOUR ENTIRE TEAM WILL BENEFIT! CASE PRESENTATION,
WORKFLOW SCHEDULING, FINANCIAL ARRANGEMENTS,
DENTAL LAB COMMUNICATION, CLINICAL PROCEDURES,
CLINICAL ASSISTING DUTIES, AND HYGIENIST'S
RESPONSIBILITIES ARE PRESENTED TO ILLUSTRATE EACH
TEAM MEMBER'S ROLE IN DEVELOPING AN IMPLANT PRACTICE.

6CE AWARDED

TUITION:NON-MEMBER DR. \$175, STAFF \$50
(CHECKS ACCEPTED, PAYPAL INVOICING AVAILABLE)



REGISTER UNTIL AUGUST 15 BY CALLING 410.321.9477, EXT. 118
OR FAX COMPLETED REGISTRATION FORM

SPONSORED BY MARYLAND DENTAL FORUM, A SEATTLE STUDY CLUB AFFILIATE



**“TEAM CONCEPTS FOR THE DENTAL IMPLANT PRACTICE”
REGISTRATION FORM**

SEPTEMBER 22, 2017 @ TOWSON UNIVERSITY MARRIOTT CONFERENCE HOTEL, 10 BURKE AVE. TOWSON 21204

Please print

Fax completed form to 410.321.9601 no later than *August 15, 2017*. If you would like to be invoiced via Paypal, please include an email address.
Invoices are due upon receipt.
Mail checks & forms to:
Maryland Dental Forum,
521 E. Joppa Rd, #102
Towson MD, 21286
Please mark “Team Concepts Registration.”

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|-------------------------------|--------------------|---------------------|---------------------|---------------|---|
| Practice Name: | # Drs (\$175/p) | # Staff (\$50/p) | Total Attendees: | Total Due: | <input type="checkbox"/> Please invoice me via Paypal <input type="checkbox"/> Mailing check, copy of form |
| Email address for Paypal: | | | | | |
| DOCTORS ATTENDING | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| TEAM MEMBERS ATTENDING | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

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