

### RESERVATION FORM / 2012 LIBERTY CONTINUING EDUCATION PROGRAMS

PCDS MEMBER NAME \_\_\_\_\_

ADA # \_\_\_\_\_ TEL # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ will attend as follows:

*Be certain to indicate the CODE NUMBER for each course you choose [i.e., CE 51].*

- PCDS Member for one program: # \_\_\_\_\_ \$175.00
- PCDS Member for all 4 programs: # \_\_\_\_\_ \$480.00
- ADA Member Dentist, for EACH program: # \_\_\_\_\_ \$250.00  
*(Include a copy of your current ADA membership card)*
- Non-Member Dentist, for EACH program: # \_\_\_\_\_ \$300.00
- Graduate Student/Resident for one program: # \_\_\_\_\_ \$ 95.00  
*(Include a copy of your current ADA membership card)*
- Staff employed by PCDS Member for CE 51 *(special tuition for this program only)* \$ 70.00
- Staff employed by PCDS Member for one program *(except CE 51)*: # \_\_\_\_\_ \$ 95.00
- Staff employed by Non-Member, CE 51 *(special tuition for this program only)* \$100.00
- Staff employed by Non-Member, for EACH program *(except CE 51)*: # \_\_\_\_\_ \$125.00

*(Be certain to choose carefully – substitution IS NOT permitted)*

PAYMENT ENCLOSED IN THE AMOUNT OF ..... \$ \_\_\_\_\_

Method of Payment:    — Check       — Visa       — MasterCard       — American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Signature (required for charge cards): \_\_\_\_\_

**Mail to PHILADELPHIA COUNTY DENTAL SOCIETY**

**One Independence Place – 241 South 6th Street – Unit #C3101 - Philadelphia, PA 19106-3797**

**TELEPHONE: 215-925-6050**

**FAX: 215-925-6998**

**Confirmation & Tickets will be mailed to you approximately 10 days prior to each course.**

*CE transcripts will be mailed each year in December. Each attendee is responsible for forwarding copies to the appropriate licensing or accrediting agencies (State Board, AGD, Specialty Boards, etc.).*