



Registration Form

COURSE Sleep Medicine Mini-Residency
- January 19-20, 2018
- April 13-14, 2018
- June 15-16, 2018

LOCATION Corporate Lakes Education Center
7001 W. 121st Street - Overland Park, KS 66209

CONTINUING EDUCATION UNITS AGD PACE Certified Course: 48 C.E. Units

Full Name: _____

Practice Name: _____

Street Address: _____

City/State/ZIP: _____

Practice Phone: _____

Practice E-mail: _____

Dental Sleep Medicine Mini-Residency Program – Three weekend courses are \$1,995 each. (Save \$585 when you register for all three courses.)

___ # of Dentists @ \$5,400	Subtotal dentists	\$ _____	
___ # of Assistants @ \$1,200	Subtotal assistants	\$ _____	
	Total	\$ _____	

PAYMENT INFORMATION

Credit card # _____

Expiration date _____ **CVV Code** _____

Name on card _____

Billing address if different than practice:
Street Address: _____
City/State//ZIP: _____

Amount of payment: _____

Signature / Date: _____

Please FAX your registration form to 913-906-0800 or e-mail to Info@CorpLakesEdCenter.com
We will phone you to confirm receipt. Please see payment and cancellation policy on page 2.

----- USE THIS SECTION IF YOU WOULD LIKE TO REGISTER FOR INDIVIDUAL COURSES -----

Session 1: January 19-20, 2018

Dental Sleep Medicine: It's Not Difficult . . . It's Just Different (16 CEUs)

___# of Dentists @ \$1,995	Subtotal dentists	\$ _____	
___# of Assistants @ \$495	Subtotal assistants	\$ _____	
	Total	\$ _____	

Session 2: April 13-14, 2018

Dental Sleep Medicine & Technology Advanced Course (16 CEUs)

___# of Dentists @ \$1,995	Subtotal dentists	\$ _____	
___# of Assistants @ \$495	Subtotal assistants	\$ _____	
	Total	\$ _____	

Session 3: June 15-16, 2018

Dental Sleep Medicine & Technology Advanced Course (16 CEUs)

___# of Dentists @ \$1,995	Subtotal dentists	\$ _____	
___# of Assistants @ \$495	Subtotal assistants	\$ _____	
	Total	\$ _____	

PAYMENT INFORMATION

Credit card # _____

Expiration date _____ **CVV Code** _____

Name on card _____

Billing address if different than practice:

Street Address: _____

City/State//ZIP: _____

Amount of payment: _____

Signature / Date: _____

Payment and Cancellation Policy

We will charge your credit card in full upon course registration unless other arrangements have been made with our Learning Center Manager. In the event of cancellation by registrant, a refund will be made if received in writing NO LATER than 30 days prior to start of course date. A \$200 processing fee is charged on refunds. In the event that attendance is insufficient, participants will be notified of cancellation and a full refund will be given. In such circumstance, organizers will not be held liable for any expenses already incurred by any participants.

Please FAX your registration form to 913-906-0800 or e-mail to Info@CorpLakesEdCenter.com

We will phone you to confirm receipt.