

**REGISTRATION FORM FOR  
FRIDAY MORNING LECTURE SERIES:  
Become the Millionaire Dentist Next Door**

Office Name: \_\_\_\_\_

Names of Attendees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone #: \_\_\_\_\_

Office Fax #: \_\_\_\_\_

**PAYMENT INFORMATION**

\$227 per Doctor      \$47 per Spouse

Total for Office:      \$ \_\_\_\_\_

Credit Card Info.:      VISA      Mastercard      Discover      (Circle One)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Location of Seminar: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_