



2018 CE Bundle Registration Form

Name: _____ DMD or DDS (circle)

ADA#: _____ E-mail: _____

Office Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Enclosed is my payment of: **\$595.00**

*No refunds on bundle packages. Check payment is preferred method of payment.

ADA Members bundle includes two programs for \$595.00*

DATES	SPEAKER/TOPIC
April 13, 2018	<p>Dr. Cameron Kuehne "TMD Made Easy" & "Dental Sleep Medicine for the General Dentist"</p> <p align="center">Presented at the Stoweflake Resort in Stowe</p>
November 30, 2018	<p>Dr. James L. Gutmann "R2C™ - The Root to Crown Solution"</p> <p align="center">Presented at the DoubleTree by Hilton Hotel Burlington & Conference Center in Burlington (formerly the Sheraton)</p>

Check payment is preferred method of payment.

<p>Checks payable to: VSDS 1 Kennedy Drive, Suite L-3 South Burlington, VT 05403</p>

<p>Credit Card Payment: <u>MC or Visa only</u> Name on Card: _____ Card Number: _____ Expiration Date: _____ Security Code: _____ Billing Zip Code for Card: _____</p>
