



2017-2018 Registration Form

**Payment can be made by either check or credit card**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Contact Email: \_\_\_\_\_

**Please fill out e-mail to receive future correspondence!**

**AGD ID#** (If applicable): \_\_\_\_\_

We will accept the following credit cards:  
(Circle one)      Visa      MC      Discover      AMEX

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail your registration and payment in the amount of \$350 to:**  
**Spectrum Dental**  
**55 Caren Avenue, Suite 270**  
**Worthington, Ohio 43085**  
**ATTN: Jessie**

***Our Mission:***

The Spectrum Dental Society (SDS), an adjunct of the Spectrum Dental & Prosthodontics, fosters professional relationships while offering innovative, practical and high quality continuing education opportunities. The SDS is an AGD Program Provider.

***Funding:***

Annual dues fund the SDS. We greatly appreciate your participation. For your contribution you will receive at least six predetermined Thursday evening courses at no additional charge.

