

Continuing Education Payment Form



- Premier Dental, Recapturing the DREAM of the Individual Dentist **June 22**
- Business of Dentistry Course - The New Patient Exam and Consultation Process **July 21**
- LIVE GuidedSMILE Surgery w/ Hands-On How to integrate GuidedSMILE into your practice! \$3500 **Aug 25-26**
- OAGD Ohio Academy of General Dentistry DSD Course \$800 **Aug 19**
- GuidedSMILE Lecture & Hands-On Everything You Need to Know \$1495 **Sept 8**
- Treatment Planning & Restoring the Edentulous Patient Focus on Parts! **Aug 23**
- Stace Lind - The General Practice Restorative Update 2017 \$199 **Oct 13**
- LIVE GuidedSMILE Surgery w/ Hands-On How to integrate GuidedSMILE into your practice! \$3500 **Nov 3-4**

Dr. _____

Assistant(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date ____/____/____

Payment options:

Check Enclosed - Check # _____ (deposit date ____/____/____ office use only)

Charge my credit card below

Visa / MasterCard / Amex

Card Number _____ - _____ - _____ (authorization # _____ office use only)

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