



2017 FACD Thursday Hands-On Course

2017 FACD Annual Scientific Session & Trade Show •
September 21, 2017
Orlando World Center Marriott

Optional HANDS ON Clinical and Portrait Photography Session

Presented by Dr. Jason Olitsky, DMD, AAACD

Name: _____

Practice Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

THURSDAY FEES:

FACD "Early Bird" Member Price: \$495 (\$595 after 4/15/17)

FACD Non Member Price: \$995

PAYMENT TERMS:

Indicate your choice of payment and mail to: FACD, 325 John Knox Rd, Ste L103, Tallahassee, FL 32303. You may also fax this application and credit card payment to (850) 222-3019 or email to meetings@flacosmeticdentistry.org. Call (866) 608-3223 with any questions or for additional information.

Check enclosed (payable to FACD) Check # _____ Check Amount \$ _____

Credit Card: Visa MasterCard American Express Charge Amount \$ _____

Credit Card Number _____ Exp. Date _____

Sec. Code* _____

*This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card.

Signature of Cardholder: _____

Print Name of Cardholder: _____

Billing Address & Zip Code: _____