Start with the Correct Diagnosis: How Airway Influences Facial Growth and Development

Seattle King County Dental Society

Tuesday, February 12, 2019
6:00 – 9:00 pm
Credits: 2

The Sorrento Hotel
900 Madison Street
Seattle, WA 98104
206.622.6400

- Social Hour 6 – 6:45 pm.
- Program at 6:45 pm.

REGISTRATION INFORMATION

Membership Meetings are **FREE** to members but **YOU MUST REGISTER**.

Name

Billing Address

City / State / Zip

Phone / Fax

Email (required)

Additional Name

Additional Name

Additional Name

Additional Name

Please list any food allergies to be aware of: _____

Type	Qty	Charge	Total
ADA Member/Retired Member		**NO CHARGE**	**$**
Non Member		**$ 150.00**	**$**
Spouse/Staff		**$ 75.00**	**$**
			$

Payment Method [ ] Visa [ ] Master Card [ ] American Express [ ] Check # _____

Card Number:_____ - _____ - _____ - _____ Expires _____ / _____ CVC_____

Cancellation Policy: *We kindly request a 72 hour advance cancellation as that is when the food is confirmed. We want to be responsible stewards of our member's dues and not waste resources needlessly. A cancellation fee of $40.00 will be charged if cancelled within 72 hours of the meeting.*

SPONSORED BY: The Omni Practice Group

1111 Harvard Avenue
Seattle, WA 98122
206.448.6620

FAX 206.443.9308

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Payment processed __ ☐

Aptify Entered _____ ☐

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