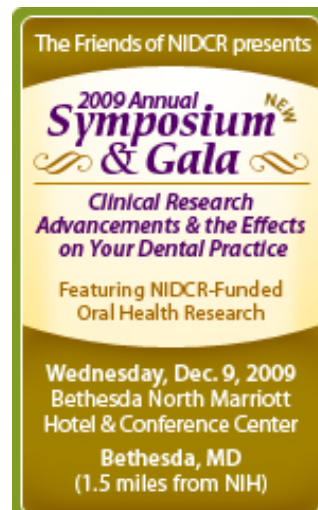


2009 FNIDCR Symposium & Gala Registration & Sponsor Form

DEADLINE to be included in the Onsite Program is September 30, 2009



Please Print

Dental School or Organization

Contact First Name Last Name

Phone Email

Address City State Zip

Sponsorship Levels

Check One

<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>	
<input type="checkbox"/> \$1000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100	\$ _____

Tickets:

Symposium, **Lunch & Gala** ____ @ \$195 each = \$ _____

Symposium & **Lunch** ____ @ \$125 each = \$ _____

Gala Only..... ____ @ \$125 each = \$ _____

TOTAL \$ _____

Attendees Information (Required for nametag. Please print)

Name	Company/Organization	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment

CHECK: Please send your check payable to FNIDCR along with this completed form to:
FNIDCR 1901 Pennsylvania Avenue NW, Suite 607, Washington DC 20006

CREDIT CARD: Fax this form with credit card payments to **202-463-1257**

Credit Card Info: Visa MasterCard Expiration Date (mo/yr) ___/___ Card Number: _____

Cardholder's name on card (print) _____ Cardholder's signature _____

For More Information

Contact: Peter Anas, FNIDCR Executive Director: 202-223-0667 or peter@fnidcr.org