## TREATMENT COORDINATOR INTENSIVE™

## ENHANCE YOUR SUCCESS



COMPLETE THIS FORM AND EMAIL TO INFO@PENICHETEAM.COM OR FAX TO (503) 666-4937

SELECT DATE:			
■ MARCH 22 & 23, 2024	Location: Hyatt Regi	ency Mission Bay 1441 Qu	jivira Rd, San Diego, CA 9210
☐ JULY 19 & 20, 2024	Location: Hyatt Regi	ency Mission Bay 1441 Qu	jivira Rd, San Diego, CA 9210
WORKSHOP HOURS: FRIDAY 8:30	AM - 4:30 PM • SATU	RDAY 8:00 AM - 12:00 PI	M
PRACTICE NAME:	DATE:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:			
EMAIL			
IS YOUR OFFICE PART OF A DSO (DENTA	L SERVICE ORGANIZATION)?	YES NO IF YES, DS	SO NAME:
ATTENDEE'S NAME	POSITION	TUITION	TOTAL
1)		\$925	
2)		\$825	
3)		\$825	
4)		\$825	
5)		\$825	
6)		\$825	
			PROMO CODE:
<b>Early Bird:</b> Receive an additional to the workshop.	\$50 courtesy per attendee	when booked 45 days prior	TUITION TOTAL
<b>Tuition Policy:</b> The tuition is nor to the next available Workshop f		r to the Workshop. Howe	ver, tuition may be transferred
Please check one: Master C	ard 🔲 Visa 🔲 Amer	ican Express	
Card#:	Ехр	iration Date:	CVC:
Printed Name of Cardholder: _			
Candhaldan Clamatura			
Cardholder Signature:* By signing, you acknowledge that the state of the stat	you have read, understand	and agree with the cancella	tion policy above.
Are you a Mari's List member?		No	- ··
Are you an Elite Dental Allianc Whom may we thank for refer		No If Yes, Member II	
Your confirmation packet will be reservations. Please confirm regithemselves as part of Peniche /	stration prior to booking	your travel arrangements	s. Individuals must identify
To what email address should the	e packet be sent?		
Please check here if you do n	ot want to receive future	emails on upcoming cou	rses and events.