

REGISTRATION FORM

SMALL FIELD-OF-VIEW CONE BEAM CT SPEAKER: DR. DALE MILES

Friday, Saturday, Sunday, September 9, 10, 11, 2011
At the Centre for Continuing Dental Education, 1440 Don Mills Road, Toronto.

FAX TO: **416-979-4941**
EMAIL: cde@dentistry.utoronto.ca

Name: _____

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Special food requirements:

Payment Information (Check one) — **Tuition: \$2400**

Cheque VISA Mastercard

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