



Spring Time Splendor  
Community Dental Foundation

**CONTINUING EDUCATION DENTAL SEMINAR & LUNCHEON**

\_\_\_ First Guest from Practice \$175

\_\_\_ Additional Guests from Practice \$150

**GUEST INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail Address

**PAYMENT INFORMATION**

\_\_\_ Check for \$\_\_\_\_\_ enclosed (please make payable to Community Dental Foundation)

\_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMERICAN EXPRESS

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Card Expiration Date

\_\_\_\_\_  
Card ID Number

\_\_\_\_\_  
Name as it appears on Card (please print)

\_\_\_\_\_  
Signature

Mail to: Community Dental Foundation, 2375 E. Camelback Road, Suite 500, Phoenix, AZ 85016 or fax  
602-391-2380