

Please complete and return this form with payment or payment information by Friday, September 9, 2016. Thank you!



Pinnacle Dental Study Club



Doctor's Name _____ DMD DDS

Practice Name (if applicable) _____

Address _____

City _____ Zip _____

Phone Number _____ Fax Number _____

E-mail _____

Website _____

Contact person (if other than yourself) _____

- Tuition includes all programming seminars and meals for study club members. It also includes your membership in The Seattle Study Club, an invitation to the National Symposium, SSC Newsletter, subscription to the Quarterly Treatment Planning Journal, and the use of the JCDF Study Club Library and Advisory Board.
- Tuition is \$900. **All tuition collected is dedicated solely to the operational cost of the high quality programming.**

Please make checks payable to Pinnacle Dental Club and mail to:
Pinnacle Dental Study Club
Attn: Ben Calem, DMD, 30 Jackson Road, Jackson Commons
Suite A-5, Medford, NJ 08055

Credit card payment is also available – Please complete:

Please charge my (circle one) Visa, MasterCard, or American Express account for the amount of \$900.

Signature _____

Card# _____

Exp. Date ____ / ____ / ____

You may fax information to Angela Cocco or Dawn Mary Ogan at (856) 439-1106

For questions, please contact the Study Club Coordinators: Angela Cocco or Dawn Mary Ogan at (856) 439-1200

We look forward to having you join us this year.