

Park Avenue

Periodontal Associates, P.C.

Boston ERE™ and LMSF™ Program

Sheraton Hotel – Prudential Center, Boston, MA

February 26, 2003

Please print this form & fill it out in its entirety and enclose it with your check.
The mailing address is at the bottom of this form.

Dr. _____

Address: _____

City: _____

State: _____ Zip _____

Phone #: _____

Fax #: _____

Email: _____

I am a: restorative dentist periodontist oral surgeon other _____

Fee: \$495 received before January 10

\$595 received January 10 - February 17

Make checks payable to: **Park Avenue Dental Seminars, LTD**

Mail registration form to:

Barbara G. Dasaro, course coordinator

Park Avenue Dental Seminars, Ltd.

532 Park Avenue

New York, NY 10021

Phone: 212-838-0940; Fax: 212-355-4784; e-mail: parkaveperio@earthlink.net

Cancellation policy: All refund requests must be received by February 4th, 2003. An Administrative fee of \$75.00 will be retained and the balance returned prior to February 21st. After Feb. 4th, 2003, no refunds can be given.

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