

**George Hare Endodontic Study Club
Registration Form 2018-2019**

Doctor _____

E-Mail (required) _____

Address _____

City _____

Postal Code _____

Tel number _____

Fax Number _____

Meal Preference (please circle):

Chicken Fish Vegetarian Kosher

- I wish to attend the entire 2018-2019 program (three Tuesday evening meetings and the full day course), \$550
- I wish to attend only the full day course, \$330
- I wish to attend only the three evening meetings, \$450

Discounted Rates for recent graduates, 2016/2017/2018 (please provide a photocopy of your diploma)

- I am a recent grad and I wish to attend the entire 2018-2019 program, \$330
- I am a recent grad and I wish to attend only the full day course, \$220
- I am a recent grad and I wish to attend only the three evening meetings, \$280

PayPal payment available at www.georgehare.com

Please enclose cheque payable to:
George Hare Endodontic Study Club
c/o Dr. Geoffrey Sas
2002 Bathurst Street
Toronto, ON
M5P 3L1

info@georgehare.com