

**SUMMER CONFERENCE 2002
AUGUST 7TH - 11TH, 2002
ASHEVILLE, NORTH CAROLINA**

REGISTRATION

Full Name _____

Nickname or Preferred Name
for nametag _____

Street _____

City _____

State _____ Zip Code _____

Guest(s) _____

Phone Numbers:

Office _____ Home _____

Fax: _____

REGISTRATION FEE:

Member of College of Diplomates \$475 _____

Spouse/Adult Guest of College Member \$375 _____

Diplomate Non-Member of the College of Diplomates
(includes \$50 annual dues) \$525 _____

Spouse/Adult Guest of Diplomate Non-member of the College
\$375 _____

Children of Registrant \$250 x ____ = _____

American Board of Endodontics candidate who is a guest of a mentor Member of the College
\$475 _____

TOTAL REGISTRATION \$ _____

Mail this form and a check for the full amount of the Total Registration (payable to the College of Diplomates) in the enclosed envelope to:
Susan Hawkinson, Administrative Secretary
College of Diplomates
P.O. Box 2673
Glen Ellyn, Il. 60138-2673

Should you have any questions contact:
Dr. Fredric Goodman
301 East 75th Street
New York, NY 10021
Phone: 212/249-5809

Cancellations must be in writing and received by June 23rd, 2002.
Cancellations will not be accepted after that date.