



FOX RIVER VALLEY DENTAL SOCIETY
718 McKinley Avenue, Geneva, IL 60134
Phone: 630-232-4229 / Fax: 630-232-4240
e-mail: info@frvds.org

Fox River Valley Dental Society

Registration Form

P.A.N.D.A.
with Sharon R. Clough, R.D.H., M.S. Ed.
Tuesday, March 16, 2010, 6:00 p.m. fellowship / 7:00 p.m. dinner
Eagle Brook Country Club, 2288 Fargo Blvd., Geneva

Name of Doctor(s): _____

Please circle the names of Season Ticket Holders and/or Aurora Study Club Members and do not include payment for them.

Name(s) of Staff Members Attending:

Total Number of Paying Attendees _____ X \$50.00 Total Enclosed \$ _____

Please complete this form and return it to the FRVDS office by Monday, March 8, 2010.



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