



Fairfield County Implants & Periodontics, PC
Creating Healthy Beautiful Smiles for a Lifetime

Fairfield County Hygiene Study Club
Registration Form

Name: _____

Daytime phone #: _____

E-mail (our main way of contacting you): _____

Address: _____

Practice of: _____

I will attend the lecture on Tuesday, September 14, 2010

Please find a check for \$40, payable to "FCDC," enclosed.

Please bill my credit card for \$40.

Credit Card Information

_____ Expiration _____

Please send, fax or e-mail this form to:

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Fairfield, CT 06824
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Fax: (203) 254-9201
E-mail: carole@sonickdmd.com