



Will County
DENTAL SOCIETY

Registration Form

2258 Newport Lane, Geneva, IL 60134
Phone: 815-901-3436 / Fax: 630-232-4240
e-mail: mradecki@willcountydentalsociety.org
www.willcountydentalsociety.org

The Benefits of Membership with Eric Larson, ISDS Director of Finance
Tuesday, September 24, 2019, 6:00 p.m. fellowship / 7:00 p.m. dinner
Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder



Will County
DENTAL SOCIETY

Registration Form

2258 Newport Lane, Geneva, IL 60134
Phone: 815-901-3436 / Fax: 630-232-4240
e-mail: mradecki@willcountydentalsociety.org
www.willcountydentalsociety.org

Dentistry and Sleep Apnea with Curt Ringhofer, D.D.S.
Tuesday, November 26, 2019, 6:00 p.m. fellowship / 7:00 p.m. dinner
Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder



Will County
DENTAL SOCIETY

Registration Form

2258 Newport Lane, Geneva, IL 60134
Phone: 815-901-3436 / Fax: 630-232-4240
e-mail: mradecki@willcountydentalsociety.org
www.willcountydentalsociety.org

Keys to Lawsuit Prevention, Medical License Protection & Tax Savings, with Legally Mine Representative
Tuesday, January 28, 2020, 6:00 p.m. fellowship / 7:00 p.m. dinner
Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder



Will County
DENTAL SOCIETY

Registration Form

2258 Newport Lane, Geneva, IL 60134
Phone: 815-901-3436 / Fax: 630-232-4240
e-mail: mradecki@willcountydentalsociety.org
www.willcountydentalsociety.org

A Practice Owner's Guide to the Business Side of Dentistry with Casey Hiers, Four Quadrants Advisory Cos.
Tuesday, April 28, 2020, 6:00 p.m. fellowship / 7:00 p.m. dinner
Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook

Name of Attendee: _____ Form of Payment: _____ Check _____ Credit Card

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

_____ YES! I will attend. Enclosed is \$65; or, bill my credit card for \$65 _____ YES! I will attend and have prepaid as a Season Ticket Holder