

TMD Interdisciplinary Conference

Seminar Registration Form

Please print this form and fill it out and then print it or scan it and fax it to 818-232-0935
Call (818) 351-5063 to register over the phone of if you have any questions.

Today's Date

First Name	M.I.	Last Name
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Chiropractor
 Dentist
 Osteopath
 SOTO-USA Member

Street Address		Suite or Apartment No.
City	State/Province	Postal/Zip Code

The above is my:
 Office address
 Home address
 School address

Office Phone	Fax Number	
Cell Phone	Home Phone	
Email Address		
License Number	State	National Provider Number (NPI)

Seminar Interdisciplinary Cranial TMJ Conference	Dates May 12-13, 2017	Location Marina Del Rey, CA	Fee See below
Conference SOTO-USA MEMBER DOCTOR - \$645 NON-MEMBER DOCTOR \$695 Webinar SOTO-USA MEMBER DOCTOR - \$545 NON-MEMBER DOCTOR \$595 SOTO-USA Membership Dr \$150 1 st -2 nd Year Dr \$100 Student \$50			

METHOD OF PAYMENT:
 MasterCard
 Visa
 Check
 Money Order

Credit Card Number	Expiration Date
Name on the Card	3-Digit Security Code on Back

Billing Address for Credit Card:

Street Address		Suite or Apartment No.
City	State/Province	Postal/Zip Code

Notes/Comments	* A service fee (relevant to charged amount) will be applied to all participant cancellations for seminars 30 days prior to the seminar. The service fee will be 10% of the total charge. NO REFUNDS for cancellations within 30 days of the seminar. No refund or fee credit is available for cancelations within 10 days of the seminar.
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