

Registration Form

Keep More Profit, Pay Less Tax, Build More Wealth with Drew Hinrichs, CPA, CEO Engage Advisors
Tuesday, October 15, 2024, 6:00 p.m. social hour / 7:00 p.m. dinner
Eden Events, 1 Illinois St., St. Charles

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 \$100; or, bill my credit card for \$100 ____ YES! I will attend and have prepaid as a Season Ticket Holder

Registration Form

Canine Substitution or Space Appropriation – The Keys to Clinical and Esthetic Success with the Congenitally Missing Lateral Incisor
with Dennis Hartlieb
Tuesday, November 19, 2024, 6:00 p.m. social hour / 7:00 p.m. dinner
Mio Modo, 200 S. Second St., St. Charles

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 \$100; or, bill my credit card for \$100 ____ YES! I will attend and have prepaid as a Season Ticket Holder

Registration Form

Beyond the Jaw: Integrating TMJ Disorder Diagnosis, Pain Relief, and Sleep Disorder Management with Hitesh Patel, DDS
Tuesday, March 18, 2025, 6:00 p.m. social hour / 7:00 p.m. dinner
Burger and Sushi House (B.A.S.H.), 124 W. State St., Geneva

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 \$100; or, bill my credit card for \$100 ____ YES! I will attend and have prepaid as a Season Ticket Holder

Registration Form

Interdisciplinary Case Studies with FRVDS Local Specialist Panelists; James Nudera, DDS, Moderator
Tuesday, April 15, 2025, 6:00 p.m. social hour / 7:00 p.m. dinner
Eagle Brook Country Club, 2288 Fargo Blvd., Geneva

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 \$100; or, bill my credit card for \$100 ____ YES! I will attend and have prepaid as a Season Ticket Holder