



kanagan Periodontal Study Club

REGISTRATION 2018

FEE: \$350.00

DUE: April 15, 2018

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE #: _____

EMAIL (for receipt): _____

EMAIL (for info & updates): _____

CDHBC #: _____

EMPLOYER: _____

PAYMENT: Cheque _____ E-transfer _____

Please FAX/EMAIL/MAIL your completed registration form to:

Fax: 250-868-1190

Email: okanaganperiostudyclub@gmail.com

Mail: c/o Okanagan Periodontics, Dr. Steven Faigan Inc. #102-1890 Cooper Rd., Kelowna, B.C. V1Y 8B7

PAYMENT OPTIONS: E-TRANSFER/CHEQUE

E-transfer: okanaganperiostudyclub@gmail.com

SECURITY QUESTION: Registration year **ANSWER:** opsc2018

Cheque Payable to: OPSC