

**George Hare Endodontic Study Club  
Registration Form 2017-2018**

Doctor \_\_\_\_\_

E-Mail (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Tel number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Meal Preference (please circle):**

Chicken      Fish      Vegetarian      Kosher

- I wish to attend the entire 2017-2018 program (three Tuesday evening meetings and the full day course), \$550
- I wish to attend only the full day course, \$330
- I wish to attend only the three evening meetings, \$450

**Discounted Rates for recent graduates, 2015/2016/2017 (please provide a photocopy of your diploma)**

- I am a recent grad and I wish to attend the entire 2017-2018 program, \$330
- I am a recent grad and I wish to attend only the full day course, \$220
- I am a recent grad and I wish to attend only the three evening meetings, \$280

**PayPal payment available at [www.georgehare.com](http://www.georgehare.com)**

**Please enclose cheque payable to:**

George Hare Endodontic Study Club  
c/o Dr. Geoffrey Sas  
2002 Bathurst Street  
Toronto, ON  
M5P 3L1

info@georgehare.com