

How Prescribing Controlled Substances Impacts Chemical Dependency

Registration

All registrations must be pre-paid.

Payment must accompany registration.

For additional registration forms:

- 1) Copy this form.
- 2) Download/print from www.lighthouseps.org.
- 3) Groups may use one form, then attach list of additional attendees' names & dental license numbers.

Name
Address
City, State, Zip
Phone
Dental License #

Check Location:

- | |
|---|
| <input type="checkbox"/> Knoxville - Wednesday, June 27, 2018 |
| <input type="checkbox"/> Kingsport - Thursday, June 28, 2018 |
| <input type="checkbox"/> Chattanooga - Tuesday, July 10, 2018 |
| <input type="checkbox"/> Memphis - Thursday, July 12, 2018 |
| <input type="checkbox"/> Nashville - Thursday, July 26, 2018 |

Cost Per Person \$70.00

Number of Attendees _____

Total Cost \$ _____

Make checks payable to "SET."

Payment:

- Sorry, we do not accept credit cards.
- Enclose check, money order, or cashier's check with this form.
- No cash please.
- Make checks payable to "SET."

Mail this form with enclosed payment to:

SET
P.O. Box 727
White Bluff, TN 37187

For additional information, contact Diann Smithson:

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Email: diann@lighthouseps.org
www.lighthouseps.org