

**Rhode Island AGD  
SEMINAR REGISTRATION FORM**

**Digital Dental Photography  
H. Michael Sefranek DMD, MAGD**

**Sun Sep 14, 2008 1:00 - 5:00**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

May bring digital camera, retractors, mirrors, laptop.  
Contact Mike Sefranek for details: (O) 401-247-1777 (H) 401-247-7555

Fee ... \$ 99 \_\_\_\_\_

**Pre-registration required. Please arrive punctually.**

\_\_\_\_\_ I will be attending the seminar. Enclosed is my check.

**CREDIT CARD INFO:**

Name: \_\_\_\_\_ Card Number \_\_\_\_\_

Billing Address \_\_\_\_\_ Exp Date \_\_\_\_\_

**Location:** Ramada Inn Bradley Airport,  
5 Ella Grasso Turnpike  
Windsor Locks, CT. 06096  
860-623-9494  
[www.ramadainn-bradley.com](http://www.ramadainn-bradley.com)

**Refund Policy: Refunds only available if entire course is cancelled**

**Due to limited enrollment,** Please send completed form and check or c/c info to:  
Rhode Island AGD  
H. Michael Sefranek DMD, MAGD  
338 County Rd, Suite B  
Barrington, RI, 02806

**MAKE A COPY OF THIS FORM FOR YOUR RECORDS**