



Wasted Days & Sleepless Nights Seminar Registration Form
Sleep Dallas – Dr. Kent Smith

Please Fax or email this Registration form

Seminar Location: Cain Watters & Associates
Address: 6900 Dallas Parkway, Plano, TX 75024
Attention: Bailey Horn Email: bailey@sleepdallas.com
Office Tel: 1-844-409-4657 Office Fax: (214) 614-4277

Doctor

Title

Staff in attendance (names and positions)

Mailing Address

City, State, Zip Code

Email Address

Phone

Fax

Dates of meeting you wish to attend _____ Referred by _____

Please indicate any special accommodations below, such as hearing assistance, accessibility, diet considerations etc.

Registration Fees and Payment Info:

Dentists: \$1895 # registering _____ Total: \$ _____

Staff: \$695 # registering _____ Total: \$ _____

Total applied to Credit card: \$ _____

Amex MasterCard Visa

Credit Card #: _____ Exp. Date: _____ CID# _____

Signature: _____ Total: \$ _____

Cancellation Policy:

Full refund less a \$50 handling charge will be given if you cancel in writing 30 days prior to the opening of the meeting. No refund will be made for cancellations after this date.