



**School of Dentistry**  
**PRACTICE MANAGEMENT PROGRAM**  
**PILOT COURSE REGISTRATION FORM**

(Please Print or Type) One Registration Form per Attendee; for additional orders, please copy form.

ATTENDEE INFORMATION				
First Name:			<input type="checkbox"/> Dr.	<input type="checkbox"/> Ms.
Last Name:			<input type="checkbox"/> Mr.	
			<input type="checkbox"/> Mrs.	
			<input type="checkbox"/> Miss	
Email:				
Job Title:				
HOME				
Street address:				
P.O. Box:	City:	State:	ZIP Code:	
Phone:		Fax:		
OFFICE				
Street Address:				
P.O. Box:	City:	State:	ZIP Code:	
Phone:		Fax:		
Preferred mailing address (please check one):				
<input type="checkbox"/> Home				
<input type="checkbox"/> Office				
Specialty (please check one):				
<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Endodontist	<input type="checkbox"/> Oral Surgeon	<input type="checkbox"/> Periodontist	<input type="checkbox"/> Orthodontist
<input type="checkbox"/> Pediatric Dentist	<input type="checkbox"/> Prosthodontist			
COURSE ENROLLMENT				
SELECT	COURSE CODE / TITLE	COURSE DATE	PRICE	TOTAL
<input type="checkbox"/>	1.b Practice Planning		\$250.00	
<input type="checkbox"/>	2.a Service Line Focus		\$250.00	
<input type="checkbox"/>	5.e Technology Frontiers		\$250.00	
<input type="checkbox"/>	3.g Transition Challenges		\$250.00	
<input type="checkbox"/>	4.e Leadership Assets		\$250.00	
			Total Price:	\$
PAYMENT INFORMATION				
<b>Please make all checks payable to <i>Marquette PMP</i>.</b>				
Return the completed Registration form, with payment, to:				
Marquette University School of Dentistry Practice Management Program c/o Becky Kelderhouse PO Box 1881 Milwaukee, WI 53201-1881				
Signature			Date	

Please call 1-800-929-4549 or email [info@marquettepmp.com](mailto:info@marquettepmp.com) with questions regarding registration.