

REGISTRATION FORM

Medicaid Seminar

Friday, December 1, 2017

9:00AM—12 Noon

Marriott Hotel Little Rock, Conway Room

Little Rock, Arkansas

REGISTRATION: \$50

(entitles up to 3 persons from your dental office to attend)

Name 1 _____

Name 2 _____

Name 3 _____

Dental Office _____

Address _____

City _____ St _____ Zip _____

Contact e-mail _____

Please make check payable to ASDA (use additional forms as needed)

Credit Cards Accepted: Visa Mastercard AMEX Discover

Name as it appears on card _____

Card number _____ Exp Date _____

Signature _____ Verif. Code _____

RETURN COMPLETED REGISTRATION AND PAYMENT TO:

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