

**MOBILE AREA DENTAL SOCIETY  
REGISTRATION FORM**

Pamela J. Sims, Pharm.D., Ph.D.

*"The 200 Most Prescribed Drugs and How They Affect the Dental Patient"* (6 hrs)

**March 19, 2010**

**(RSVP by March 9, 2010)**

**Mail to:** 

Bancroft McMurphy, III, DMD  
Secretary/Treasurer  
Mobile Area Dental Society  
1575 University Boulevard S  
Mobile, AL 36609

| <b>ATTENDEE'S NAME<br/>(Please Print)</b> | <b>ADA #</b> | <b>FEE</b> |
|---|--------------|------------|
| 1. Doctor's Name:                         |              | \$         |
| 2. Doctor's Name:                         |              | \$         |
| 3. Doctor's Name:                         |              | \$         |
| 4. Staff Member's Name:                   |              | \$         |
| 5. Staff Member's Name:                   |              | \$         |
| 6. Staff Member's Name:                   |              | \$         |
| 7. Staff Member's Name:                   |              | \$         |
| 8. Staff Member's Name:                   |              | \$         |

PLEASE LIST ADDITIONAL ATTENDEES ON REVERSE SIDE

**Total Amount Enclosed:** \$ \_\_\_\_\_ **Ck #:** \_\_\_\_\_