

Member Registration 2016 – 2017

Name				<input type="checkbox"/> DDS	<input type="checkbox"/> DMD
NPI #					
AGD #		ADA #			
Email	@				
Practice					
Street	City:			Zip:	
Website					
Office Tel.		Fax			
Home Tel.		Cell			
Credit Card#:			EXP: _____ / _____	CSC:	ZIP:

Administrative Team

1.	Title:
2.	Title:
3.	Title:
4.	Title:

Clinical Team

1.	Title:
2.	Title:
3.	Title:
4.	Title:

Please make checks payable to Long Island Dental Forum in the amount of:
 \$1595 prior to August 31, 2016
 \$1695 after August 31, 2016

For further information, please contact our office
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