

# About Face Dental Consulting

“My business is facilitating change in yours!”

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**Miss the deadline? Call 609-259-8008. If space remains, we will register you!**

Please print legibly as you would like your name to appear on CE document. (We are not responsible for spelling errors if your name is not written legibly.)

Name: \_\_\_\_\_ (RDH, DDS, DMD)

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ (for all communication)

Phone, Cell \_\_\_\_\_ (for emergency only)

Check # (if applicable) \_\_\_\_\_

Cardholder name \_\_\_\_\_

Credit Card # (Visa/MC only) **NO DEBIT CARDS!** \_\_\_\_\_

Expiration Date/Security Code \_\_\_\_\_

Signature \_\_\_\_\_

License # \_\_\_\_\_ Seminar location \_\_\_\_\_

Forum(s) attending: \_\_\_\_\_

Mail check, payable to About Face Dental Consulting, to 435 Millstone Road, Clarksburg, NJ, 08510. Include completed registration form.

**Fees:** 1 forum (2 ceus): \$40 2 forums (4 ceus): \$75; 3 forums (6 ceus) if applicable: \$105

Fax form (if credit card payment) to 609-259-0416. Visa/MC only. No debit cards. Confirmations will be sent to *legible* email addresses.

## **Cancellation/Refund Policy**

Cancellations must be made in writing. Cancellations received up to 7 days prior to program are eligible for a refund less a \$15 administrative fee. No refunds for partial attendance, no shows, or cancellations less than 7 days prior to program. A full refund will be made in the unlikely event of a course cancellation. For information on course cancellation due to weather emergency etc., please call 732-299-7846 the morning of the program. A charge of \$30 will be made for all returned checks.

Questions? 609-259-8008

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