**MEETING REGISTRATION**

**Clinical Coordinator – Leadership Workshop**

**September 14-15, 2018**

**Friday 8:30am – 4:30pm | Saturday 8:00am – 12:00pm**

**Liberty Station Orthodontics – Lecture Room**

**2445 Truxtun Rd, Suite 104 | San Diego, CA**

**ATTENDEE INFORMATION**

**Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practice Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dietary Restrictions:** **[ ]  Vegetarian** **[ ]  Kosher** **[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to be notified of other Hummingbird courses and events?** **[ ]  Yes** **[ ]  No**

**PAYMENT INFORMATION**

**Email Address for Hummingbird notifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fee: $900 per person\* – a $25 discount will be applied for each additional attendee**

**\***Includes lunch on Friday and light snacks on Saturday

[ ]  **Check enclosed in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Payable to: Hummingbird Associates

**Check payments:** mail registration to Hummingbird Associates P.O. Box 10279, Bainbridge Island, WA 98110

[ ]  **Credit card payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  Visa [ ]  Mastercard

Name on credit card: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Card Number: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Exp. Date \_\_\_\_\_\_\_\_\_\_\_ 3 Digit Code \_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_\_

**Credit card payments:** Email registration to courses@hummingbirdassociates.com

**For additional course information contact Cassie Kellner at** cassie@hummingbirdassociates.com