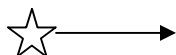


**“A BLUEPRINT FOR STARTUP SUCCESS”™  
REGISTRATION FORM**

NAME _____	AGE _____	GENDER _____
ADDRESS _____		
CITY _____	STATE _____	ZIPCODE _____
OFFICE PHONE _____	CELL _____	
EMAIL ADDRESS _____		

SEMINAR DATE THAT YOU ARE REGISTERING FOR _____
TOTAL COST FOR THIS SEMINAR IS __\$995__
CREDIT CARD INFORMATION: TYPE (MC or VISA) circle one CC# _____ Name on card _____
EXPIRATION DATE _____ AUTHORIZATION # (on back of card) _____
<b>*YOUR CARD WILL BE BILLED FOR \$495 AFTER YOUR REGISTRATION IS RECEIVED AND THE REMAINDER WILL BE BILLED WITHIN 2-3 DAYS OF THE ACTUAL SEMINAR DATE. THE \$495 DOWNPAYMENT IS NON-REFUNDABLE AND LOCKS IN YOUR SPOT IN THE SEMINAR</b>

HOW DID YOU HEAR ABOUT THE SEMINAR? _____ _____
WHAT IS YOUR CURRENT DENTAL PRACTICE SITUATION? _____
WHICH ASPECTS OF PRACTICE STARTUP ARE YOU MOST LOOKING FORWARD TO? _____
ARE THERE ANY SPECIFIC ASPECTS OF PRACTICE STARTUP THAT YOU WOULD LIKE DR. SWAIN AND DR. LEUNE TO FOCUS ON IN YOUR SEMINAR? _____ _____



YOU CAN PRINT OUT THIS REGISTRATION FORM AND FAX IT TO **585-594-0616**. (please email [ryanswain@aol.com](mailto:ryanswain@aol.com) also so we can be sure that we know the fax was sent ) The fax number is the fax number at Dr. Ryan Swain’s dental office.