

# REGISTRATION: C.O.R.E TRAINING WORKSHOP

(Please type or print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Country/Zip \_\_\_\_\_

Telephone (office & cell)

O: \_\_\_\_\_

C: \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Orthodontist  OMF Surgeon  Dentist  Periodontist

**Course Dates: July 16, 17, 18, 2010**

**Course Time: Friday July 16, 8:30 AM – 5:30PM**

**Saturday July 17, 8:30 AM – 5:30 PM**

**Sunday July 18, 8:00 AM – 12:30 NOON**

**Course Fee: \$1750 \***

**PLEASE SEND COMPLETED APPLICATION AND MAKE  
PAYMENT TO:**

Milton D. Berkman, DMD, MS  
18022 Harbor Light Blvd.  
Cornelius, NC 28031

Check amount enclosed \$ \_\_\_\_\_

If you have any questions, please contact Dr. Berkman at:

E-mail: [milt@campberkman.com](mailto:milt@campberkman.com)

Telephone: 704-987-1808

Cell phone: 704-770-6173

FAX: 704-892-9976

**\*Proceeds of the course fee will be donated to the  
Roth/Williams Legacy Fund**

**Cancellations received IN WRITING will be refunded minus a \$100  
administrative fee ( per registrant ). No refunds will be issued for cancellations  
received fewer than 30 days prior to the course.**