

Come to the Cash Flow and Lease Seminar for:

# The 5 Financial Secrets Of Wealth Creation For Dentists

**FREE Seminar** ♦ **REGISTRATION FORM** ♦ **FAX TO 317-581-1812**

PICK YOUR City & State	Meeting Location (Directions will be emailed to you)	2007 Dates	Local Time
<input type="checkbox"/> Dallas / Ft. Worth	<b>Dallas County Dental Society</b> 13633 Omega Road Dallas, TX 75244 - 972-386-5741	<b>Tuesday August 2nd</b>	6:30–9:30 pm
<input type="checkbox"/> Dallas / Ft. Worth	<b>Dallas County Dental Society</b> 13633 Omega Road Dallas, TX 75244 - 972-386-5741	<b>Wednesday August 8th</b>	6:30–9:30 pm
<input type="checkbox"/> San Diego, CA	<b>Hilton La Jolla Torrey Pines</b> 10950 North Torrey Pines Road La Jolla, CA 92037 - 858-558-1500	<b>Wednesday August 22nd</b>	6:30–9:30 pm
<input type="checkbox"/> Laguna Beach, CA	<b>Doubletree Guest Suites Doheny Beach</b> 34402 Pacific Coast Highway Dana Point, CA 92629 - 949-661-1100	<b>Thursday August 23rd</b>	6:30–9:30 pm
<input type="checkbox"/> Garden Grove, CA	<b>Hyatt Regency Orange County</b> 11999 Harbor Blvd. Garden Grove, CA 92840 - 714-750-1234	<b>Friday August 24th</b>	<b>9:30 AM</b> – 12:30 PM
<input type="checkbox"/> Atlanta, GA	<b>W Atlanta at Perimeter Center</b> 111 Perimeter Center West Atlanta, GA 30346 - 770-396-6800	<b>Wednesday September 19th</b>	6:30–9:30 pm
<input type="checkbox"/> Atlanta, GA	<b>Atlanta Marriott Marquis</b> 265 Peachtree Center Avenue Atlanta, GA 30303 - 404-521-0000	<b>Thursday September 20th</b>	6:30–9:30 pm
<input type="checkbox"/> Atlanta, GA	<b>The Westin Atlanta Airport</b> 4736 Best Road Atlanta, Georgia 30337 - 404-762-7676	<b>Friday September 21st</b>	<b>9:30 AM</b> – 12:30 PM
<input type="checkbox"/> Philadelphia, PA	<b>Sheraton Society Hill</b> One Dock St (2nd & Walnut) Philadelphia, PA 19106 - 215-238-6000	<b>Wednesday November 28th</b>	6:30–9:30 pm
<input type="checkbox"/> Philadelphia, PA	<b>Sheraton Society Hill</b> One Dock St (2nd & Walnut) Philadelphia, PA 19106 - 215-238-6000	<b>Thursday November 29th</b>	6:30–9:30 pm

*(For more details on specific meeting locations go to our website)*

Registrant Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_