



“Ortho Camp” Registration

Doctor’s Name _____ E-Mail Address _____

Address _____ City _____

State _____ Zip Code _____ Telephone _____ Fax _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Team Member _____ Position _____

Fax registration form to Debbie Best (925) 447-6994

1 – 4 participants @ \$675.00 each

5 – 9 participants @ \$650.00 each

10 and over @ 625.00 each

Total Enclosed: \$ _____

For additional information please call:

Debbie Best (925) 447-6993

Rosemary Bray (760) 268-0760

Please make payable to:
Debbie Best
Consulting Network
2137 Bella Vista Place
Livermore, CA 94550

Only attendees registered under the Ortho Camp room block at Puerto Vallarta Palace are allowed to participate.

Cancellation policy: before August 15th no penalty, August 16th – November 1st \$100.00 per person penalty, after November 1st no refunds on the registration fee.