

# Registration for ToPS Seminar

Seminar: \_\_\_\_\_

Seminar Location: \_\_\_\_\_ Seminar Date: \_\_\_\_\_

Please print your name the way you would like it to appear on your CE and name badge.

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

Dr. Name/Team Contact: \_\_\_\_\_ AGD Member #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Team Member Name

## Position/Title

If more than one doctor is attending please place AGD # after Position/Title

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Number Attending \_\_\_\_\_ Total Cost \_\_\_\_\_

**Financial Arrangements: Under \$2,000: total balance due immediately. Greater than \$2,000: 50% charged upon signed contract and 50% charged two weeks prior to seminar.\***

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Office Address \_\_\_\_\_

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

Approving Signature \_\_\_\_\_

Please list the top 3 areas you would like to improve while attending:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Office Use Only

\* Financial commitments for resources and space are made on your behalf based on your enrollment above. Tuition is non-refundable for any reduction in attendance within less than two weeks of the seminar date.

**TOPS INSTITUTE**

*Total Patient Service*  
**877-399-8677**

### If you have questions before the session:

Contact Brenda Turner-Fondon or Deborah Stephens at Total Patient Service Institute.

Brenda: 855-328-4361 • Email: [brendat@TotalPatientService.com](mailto:brendat@TotalPatientService.com)

Deborah: 817-528-8686 • Email: [deborahs@totalpatientservice.com](mailto:deborahs@totalpatientservice.com)

Fax/Email Completed Registration to Jocelyn Teague: 979-297-3086 • Email: [jc@totalpatientservice.com](mailto:jc@totalpatientservice.com)



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