(Please print form and mail)

Please return this form with payment to:

Dr. T. Bob Davis
11925 Loch Ness Dr.
Dallas, TX 75218
www.tbobdavis.com

Name: _____
(nick name)
Date of Birth(MO/DA/YR): _____
Current Address: _____
_____
_____

Home Phone: _____
Cell Phone: _____
Email: _____
Emergency contact name: _____
Emergency contact phone #: _____
Beneficiary: _____
Sex (circle): M / F
T-shirt size: XS S M L XL XXL
Classification: D1 D2 D3 D4 DH1 DH2 DDS/DMD/MD HYG Assist
Translator Other: _____
Do you speak Spanish? Yes/No

Is there a church / place of worship you attend? Yes / No
If so, please list: _____
Are you a member of CDS National Organization? Yes / No
http://www.christiandental.org/
Are you a member of CMDA National Organization? Yes / No
Free electronic membership @ http://www.cmdahome.org

Please do not write in this box, thanks! :)				
Deposit:	$	#	PAID	Date:
Final:	$	#	PAID	Date:
			Confirmed	Date:

***Total $350 due: 1/31/10 (no partial payments)

Make check payable to "Dr. T. Bob Davis"