



## "Thumb Class" Registration

Date Requested: \_\_\_\_\_ Today's Date \_\_\_\_\_

Amount Enclosed: \$450.00 \_ Day 1 only \$450.00 \_ Day 2 only \$875.00 \_ Both Days

Internships Available - Please contact Shari directly re: fee structure for internships.

RSVP: Print page, complete application info, include check, mail to:  
Shari Green, C.O.M.

4160 Illinois Route 83 - Suite 203 - Long Grove, Il. 60047

### Application

Attendee Name \_\_\_\_\_

Profession/Credentials \_\_\_\_\_

I am an IAOM member Y\_\_\_ N\_\_\_ C.O.M. \_\_\_ R.D.H. \_\_\_ L.S.P. \_\_\_  
M.D. \_\_\_ D.D.S. \_\_\_ C.D.A. \_\_\_ Other (please list) \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Cellphone \_\_\_\_\_

For more info, contact Shari Green by phone @ 847-641-4444 or

You may email her at: [thumb lady@yahoo.com](mailto:thumb lady@yahoo.com)

I hereby confirm that the qualification/credentials I've listed above are true and verifiable. Signed \_\_\_\_\_ Date \_\_\_\_\_

Image of finger-sucking baby above courtesy of: Image Creator and [FreeDigitalPhotos.net](http://FreeDigitalPhotos.net)

