



"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

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

