

**THIS FORM IS FOR NON-MEMBERS OF IDOC ONLY**

**REGISTRATION: PLEASE COMPLETE ONE FOR EACH ATTENDEE**

*FILL OUT THIS REGISTRATION FORM*

Fax to (203) 838-4362 *OR* Mail to:  
 IDOC, LLC . 5 Eversley Avenue . Suite 204 . Norwalk, CT 06851  
 Please contact (203) 853-333 with any additional questions

Doctor/Staff Member Name: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Select one box below	Amount Due	Amount to be Paid
Saturday Meeting Only	\$100	
Sunday Meeting Only	\$100	
Saturday & Sunday Meeting Only I will attend Saturday night dinner (\$75 per staff member or guest)	\$275	
Saturday & Sunday Meeting Only I will NOT attend Saturday night dinner	\$200	
I will bring a guest to Saturday night dinner	\$75	
Will you be attending Friday evening cocktail?	YES	NO
Name of Guest(s): _____		
Total Amount: _____		

Payment Method:  
*If paying by check, please make payable to IDOC, LLC.*  
 \_\_\_\_ Paying by Check                      \_\_\_\_ Paying by Credit Card

Name on Credit Card: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Circle the Card Type:                      AMEX   - VISA   - MASTERCARD  
 Exp. Date: \_\_\_\_\_                      Sec. Code: \_\_\_\_\_

\*Sign here → \_\_\_\_\_ Date: \_\_\_\_\_

