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PDSC 2022 Member Information Update

Please **update** your primary contact information to continue receiving PDSC announcements, mail and email.

Please update my information as follows:

Name: _____

Practice Name: _____

Practice Address: _____

Mailing Address: _____ City _____ Zip: _____

Email Primary: _____ Alternate: _____

Specialty: _____

Primary Phone Number: Clinic Cell Other () _____

Alternate Phone Phone: Clinic Cell Other () _____

Please share your recommendations, comments and suggestions with the club:

Sponsor Recommendations _____

Topic & Speakers Recommendations _____

Venue Comments _____

Zoom Meeting Comments _____

General Comments & Suggestions _____

Thank you for sharing your current information.