

# Walter Kostrzewski, DMD

## Speaker Information



WINNING  
DENTIST



*"Coach K"*



*Comfortable Care Dentistry  
203 Cherry Street  
Milford, CT 06460*

*Office 203-876-9887 Fax 203-876-7513*

[dr.kostrzewski@snet.net](mailto:dr.kostrzewski@snet.net)

**Please contact Christine Morgan to schedule at above #'s or  
[morgancj@snet.net](mailto:morgancj@snet.net)**

*Walter Kostrzewski, DMD*

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## *Curriculum Vitae*

*In 1996 Dr. Walter Kostrzewski, founded Comfortable Care Dentistry in Milford, CT. “Dr. Kostrzewski” is a “Sustaining” member of the American Academy of Cosmetic Dentistry (AACD). He has been honored to be able to speak at various national meetings. “Dr. K” has written numerous articles featured in journals such as Dental Town, The Crown Council, and the Dental Leader. Along with consulting and teaching with major dental manufacturers, dental laboratories, and his peers, “Dr. K” is currently part of the clinical faculty and teaches with the prestigious **Hornbrook Group** (A live patient hands-on course that teaches doctors all across the country how to build beautiful smiles on their OWN patients). In 2003 **New York Magazine** listed Dr. K as one of the New York areas best cosmetic dentist’s. Dr. K is on the advisory board of the continuing education organization “**Generation Next**” and a founding member of **F.A.C.E** (Fellowship of Advanced Comprehensive Esthetics) Also known as “**Coach K**” he has a flair for creating **passionate teams!** In 2000 “Coach K” founded “**The Winning Dentist**” a **TEAM** of consultants to help others develop passionate teams, functional work system, and provide motivation and congruent marketing. In addition to his numerous published articles, Coach K recently authored a resource manual “**Creating Passionate Aesthetic Dental Teams**”. This publication is designed to aid Dentist’s, Office Managers and their counterparts how to create **THEIR** own winning team!*

## *Room and Audio Visual Requirements*

1. No Podium Required for the Presentation.
2. Please Have Bottled Water Available for Presentation.
3. The Room where the Presentation will be held should have fairly High Ceilings and also the Capability to go Completely Dark to truly Visualize the Images Illuminated by the Projector.
4. I will need a Digital Projector for A Laptop Computer to be Illuminated onto the Center Screen. A High Quality True XGA Projector with 1000 Lumens, Minimum is Required to Adequately Illustrate Images on the Screen. I do have a digital Projector if one cannot be provided.
5. The Sound System will need to be wired to Dr. Kostrzewski's Computer Laptop.
6. Required will be a Mini-Jack Audio Hook-Up to Dr. Kostrzewski's Laptop Computer with the Terminal End Going to Room's Sound System.
7. One Large Screen 12 Foot by 12 Foot, Preferably 16 Foot by 16 Foot, if Possible.
8. A Classroom Style Seating is Preferred in a Square or a Rectangular Room to Allow for Best Visuals and Adequate Viewing from Audience. This will also allow Adequate Note Taking by Individuals if Desired. Theatre Style is Secondary if Necessary.
9. Request A Necktie, or Lavalier, Microphone for Dr. Kostrzewski. Please Note that a Hand-Held Microphone is not Permissible.
10. Dr. Kostrzewski Will Supply the Laser Pointer for Presentation.
11. Please Have Room Prepared 60 Minutes Prior to Presentation.
12. Handouts and/or workbooks will be provided by Dr. Kostrzewski and charged out in addition to the honorarium depending on amount needed.

*Walter Kostrzewski, DMD*

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## *Contract and Policy*

I agree to submit and pay the amount \$1,500 for the services of Dr. Walter Kostrzewski on the date of November 20th, 2003 for an evening speaking engagement.

I agree to pay ½ the amount, or \$750 as of today's date and the balance of \$750 following the lecture on November 20th, 2003.

If I choose to cancel the November 20th, 2003 lecture then I forfeit the Deposit of \$750

I agree to have all said items provided for Dr. Kostrzewski described in the prior pages.

I agree to pay the addendum charges at the presentation.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Walter Kostrzewski, DMD

\_\_\_\_\_  
Date

Addendum

Cost of handouts or workbooks \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
# of attendees

Projector Rental \$ \_\_\_\_\_