



Course REGISTRATION Form

For more information please call or e-mail:

David Oden | 612-207-7565 | David@TheImplantLearningCenter.com
 Justin Hawkins | 214-493-7938 | Justin@TheImplantLearningCenter.com
 Kara Kozar | 708-280-3994 | Kara@TheImplantLearningCenter.com

30 N. Michigan Ave,
 Suite 1220
 Chicago, IL 60602

Phone: 866-DrPaulP
 Phone: 312-618-6684
 Fax: 866-228-9761

CONTACT INFORMATION

Name _____ Specialty _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

PAYMENT INFORMATION

Check enclosed Credit card Card type (circle one): Visa / Mastercard / American Express
 Card # _____ Exp _____ Security Code _____
 Card billing address: _____
 City _____ State _____ Zip _____
 Signature _____ Date _____

Make checks payable to: The Implant Learning Center
 30 N. Michigan Ave, Suite 1220
 Chicago, IL 60602

Phone: 866-DrPaulP (377-2857)
 Phone: 312-618-6684
 Fax: 866-228-9761

Course	Location	Date	Select (X)	Fee
Part 1	Basic/Intermediate Course	Chicago, IL	May 14-16, 2010	\$2695.00
			September 10-12, 2010	
Part 2	Intermediate/Advanced Course	Chicago IL	June 11-13, 2010	\$3495.00
			October 1-3, 2010	

Assistant's are Welcome, and we are offering dedicated Assistant Training in the Topics taught in the course. Please contact our Sales force for Content & Fee's associated for their Tuition (discounts are available for multiple staff members).

Cancellation Policy

Course fees are non-refundable within 30 days of course date due to The Implant Learning Center reserves space to the program for the participant after receipt of their registration confirmation. The information contained in this Cancellation Policy supersedes any verbal or other written information that anyone may receive regarding this policy.

Sponsors:



Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. Nationally Approved from 6/1/2009-5/31/2011