



REGISTRATION FORM

Ceramic implantology: Current trends and limitations.

First Name:..... Last name.....

License #..... Degrees:.....

AGD # (if applicable) ADA member (If applicable) #

Office address:

Office/Contact phone number(s).....

E-mail address:

Please mark "X" ALL those that apply: [3-digit Promotional Code (if any) _____]

Course registering for: May 30th 2020 course October 10th course

Tuition to be charged: Ceramic implantology course \$1,265.00

METHOD OF PAYMENT:

- Check sent (make it payable to the California Institute of Dental Education).
- Credit card: VISA Mastercard American Express

Card #:

Expiration date:.....3-digit Security code:

Signature: _____ Date: _____