

Registration Form

Advanced Team Treatment Continuum

Session 1: April 16-17, 2010

Session 2: Dates TBA - Fall 2010

8:00 am to 4:00 pm Lunch: 12:00pm

Coeur d'Alene, Idaho



Mail or fax form with payment to:
Implants NW LIVE Learning Center
1859 N. Lakewood Dr., Ste. 103
Coeur d'Alene, Idaho 83814
Tel: 208-664-8720
Fax: 208-664-6272

Tuition: US \$ 1995/person/session
Teams of 2: US \$ 1795/person/session
Teams of 3 or more: \$ 1695/person/session

Name: _____ DDS DMD Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____

Email: _____ AGD or ADA membership #: _____

Team Members: _____

Course date: Session 1: April 16-17 Session 2: Dates TBA

Pay for both sessions today: Recieve 5% off!!

Check made Payable to: Implants NW LIVE Learning Center

Charge US \$ _____ to the following credit card: Visa Mastercard Discover AmEx

Name on Card: _____

Card Number: _____ Exp. Date: _____ 3-Digit Code: _____

Authorized Signature: _____

Cancellation Policy: Cancellations four weeks or longer prior to course start date will be subject to a 10% Admin. fee. Cancellations two-four weeks prior will receive 50% refund. Cancellations less than two weeks before course and "no shows" are not eligible for a refund. Implants NW LIVE Learning Center reserves the right to cancel a course with the full tuition refunded. If LIVE Learning Center needs to cancel, the course will be rescheduled or the tuition fully refunded. LIVE Learning Center is not responsible for expenses occurred by the registrant.