



7875 sw 104 st suite #104
Miami, Florida 33156
305-271-9202

Registration Form Georgia Course

Name: _____

Degree(s): _____ Years in Practice: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____ AGD Member ID#: _____

Check enclosed payable to Live Implant Corp

Check# _____ Amount: \$ _____

I wish to charge my registration fee to the following credit card in the

Amount of \$ _____ Card Type: _____

Name on Card: _____

Credit Card #: _____ Exp: _____

April

July

October

December

Signature

Telephone: 305-271-9202 or fax it to 305-271-9370

Cancellation Policy Refunds will be made with written notice of cancellation received at least three weeks prior to courses date. A \$800 processing fee is charged of refunds. In the rare event where the course is cancelled, all payments received will be refunded in full, which constitutes full settlement.