

Live Implant Continuums

Hands-on Patients

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

CONTINUUM REGISTRATION FORM

COURSE

Attendee Name: _____

Facility Name: _____

Mailing Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

How did you hear about us? _____

AGD Member# _____ (very important we need it to submit their CE credit hours)

CREDIT CARD INFORMATION

Name as it appears on card: _____

Card# _____

Exp. Date _____ Card: _____

DEPOSIT _____

PAYMENT 1: _____ PAYMENT 2: _____

7 Day Course
Puerto Vallarta - Mexico
\$13500

4 Day Course
Georgia - USA
\$8500

TUITION FEE: _____

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.