



# Registration Form

**Please register me for the following workshop:**

## “The Essentials of Small Diameter Implants: A Comprehensive Workshop”

**Date:** August 28-29, 2009 **Location:** Orlando, Yacht and Boat Club

**Tuition:** \$1295\* **CE Credits:** 14

\*Course materials, continental breakfast, lunch & breaks included.

### Customer Information: \* Indicates Required Field

Name: (as it appears on credit card) *	
Title:	
Fax:	
Email Address: (receipt emailed to)*	
Phone: *	

<b>Dental License</b>	Number:		State of Licensure:			
<b>Specialty</b>	GP	Oral Surgeon	Periodontists	Prosthodontist	Endodontist	Other

### Billing Information:

(As appears on credit card billing)

Street Address: *	
Address (continued) *	
City, State *	
Postal Code: *	
Country *	

### Credit Card Information:

Type of Credit Card: (Indicate by circling)	AMEX	VISA	MasterCard	Discover
Credit Card Number:				
Security Code:				
Expiration Date:				

Registration is limited and on a first come first served basis. Tuition fee less \$100 administration charge is refundable if notice of cancellation is received ten days prior to the event. If paying by credit card, this registration form may be faxed to: 561-423-0971 or sent to: DDSonline, 2255 Glades Rd., Suite 324A, Boca Raton, Fl. 33431 Payments can also be made by check payable to DDSonline, Inc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**www.dds-online.com**  
1-866-561-5570

