



Registration Form

Please register me for the following workshop:

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

Date: October 17, 2008 **Location:** Atlanta Airport Hilton, Atlanta, GA

Tuition: \$495* **CE Credits:** 8

*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: *	

Dental License	Number:				State of Licensure:	
Specialty	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

