

REGISTRATION FORM

Preceptorship in Dental Implantology (128478A)

Please Check & please use one form per person-photocopy as needed.

Preceptorship in Dental Implantology

DENTIST: \$9,797.50

Save \$1,200.00 off the tuition fee by making a one-time payment of \$8,597.50 (which includes a non-refundable \$1,000 deposit) before August 3, 2009.

TWO ADDITIONAL EASY WAYS TO SAVE!

DENTIST: Reserve your spot now with a non-refundable deposit of \$1,000.00 before July 13, 2009 and qualify for \$697.50 off the full tuition fee.

OR

DENTIST: Send a non-refundable deposit of \$1,000.00 before August 3, 2009 and qualify for \$497.50 off the full tuition fee.

You will be mailed a registration confirmation letter and a statement with your remaining balance due, at which time you will be able to pick the payment plan you want to participate in. Payment(s) can be made by MasterCard, VISA, or Discover Card. Balance must be paid by February 1, 2010.

Dental Team Weekend

YES, I plan to bring my staff to the Dental Team Day and celebration weekend

Name _____ DOB _____ / _____ / _____ DDS DMD
Date of Birth

Office Address _____ Suite No. _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Office No. _____ Home No. _____ Fax No. _____

Email _____

Dental School _____ Year of Graduation _____

Specialty/Position _____

Enclosed (payable to UTHSCSA): Check No. _____

Visa MasterCard Discover

Card No. _____

(include the last three numbers on the signature part of the card) _____ Exp. Date _____

Name on Card _____