

REGISTRATION FORM

2015-2016 Preceptorship in Dental Implantology (157896A)
Please Check & please use one form per person-photocopy as needed.

Preceptorship in Dental Implantology

DENTIST: \$9,895 (AFTER AUGUST 3rd DEADLINE)

DENTIST: \$9,000 - \$500 - \$1000 = \$7,500 (YOU CAN MAKE MONTHLY PAYMENTS)

SAVE \$895.00 off the tuition fee by making a non-refundable deposit of \$500 before August 3, 2015 and then a \$1,500 payment before August 3, 2015
(The remaining \$7,500 can be paid on a 5 month payment plan)

EARLY REGISTRATION WILL SAVE YOU MONEY!

SAVE \$895.00 off \$9,895

\$9,895-\$895=\$9000

\$9,000-\$500-\$1000= \$7,500

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 which payment plan you want to participate in.

Dental Team Weekend

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

MARCH 4, 2016

A Lecture Course

Dental Team Implant Certification Program

LYNN D. MORTILLA, RDH

MARCH 5, 2016

A Lecture Course

Essential Skills for the Dental Implant Team

JOY MILLIS, CSP

Name _____ DOB _____ / _____ / _____
Date of Birth

DDS DMD BDS

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 _____