



REGISTRATION FORM

PERSONAL INFORMATION

Name: _____
Address: _____

Telephone _____
Business: _____ Fax: _____
Home: _____ E-mail: _____
College Registration number: _____

REGISTRATION FOR COURSE

Course Title: **“BONE GRAFTING COURSE: 2-day course
Ridge Augmentation & Socket Preservation for future Implant placement”**
Location & Date: VANCOUVER/ Nobel Biocare Oral Health Centre/ November 27-28, 2010
Course Tuition Fee (incl. taxes): \$ 1,850.00 CAD + 12% HST (\$ 2,072.00 CAD)

PAYMENT INFORMATION (All payments are in Canadian dollars)

Please charge the entire course fee (incl. taxes) of \$ 2,072.00 CAD to my Credit Card

Credit Card: VISA MASTERCARD AMEX

Credit Card #: _____ Expiry date: _____

Name on Card: _____

Signature: _____

If credit card is billed to a business address, please note business address and phone number where credit card is billed: _____

Balance of each course is due 6 weeks before the course start date

Cancellation Policy: If cancellation received in writing

- at least 15 days prior to course start date, tuition fee less \$ 500 (administration fee) will be refunded.
- in less than 15 days, there will be no refund.

Please fax this registration form to I.D.E.A.S. Institute for Dental Education & Advanced Surgeries.
I.D.E.A.S. Inc. Fax: +1 (604) 288-5052