

REGISTRATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone

Business: _____ Fax: _____

Home: _____ E-mail: _____

College Registration number: _____

REGISTRATION FOR COURSE

**Course Title: "4-Day Implant Surgery Residency for the General Practitioner;
Hands-On Patient Based Surgical Course" 4-day course (4 consecutive days)**

Course Location & Date: Edmonton/ Alberta/ Thursday-Sunday May 13-16, 2010

Course Tuition Fee (incl. taxes): \$ 6,780.00 CAD + 5% GST (Total: \$7,119)

PAYMENT INFORMATION (All payments are in Canadian dollars)

Please charge the entire course fee (incl. taxes) of \$ 7,119.00 CAD to my Credit Card

Please charge 3 equal monthly payments of \$ 2,373.00 CAD effective immediately_ 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 8 weeks before the course start date

Cancellation Policy: If cancellation received in writing

- at least 6 weeks prior to course start date, tuition fee less \$ 500 (administration fee) will be refunded.
- within 21-42 days (3-6 weeks) prior to course start date 50% of tuition fee will be refunded.
- in less than 21 days (3 weeks), 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