

## 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:** Saskatoon/ SK/ Thursday-Sunday April 22-25, 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**