



INSTITUTE FOR DENTAL EDUCATION & ADVANCED SURGERIES

REGISTRATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone

Business: _____ Fax: _____

Home: _____ E-mail: _____

College Registration number: _____

REGISTRATION FOR COURSE

Course Title: **“COMPLETE PROSTHODONTIC IMPLANT DENTISTRY;**

From Comprehensive Tx Planning to Final Prosthetic Design & Delivery” 6-days

Course Location & Date: VANCOUVER/ Nobel Biocare Oral Health Centre/ (3 weekends)

Oct 14-16, 2011 & Mar 10-11, 2012 & Apr 21, 2012

Course Tuition Fee (incl. taxes): \$ 8,780.00 CAD + 12% HST (\$ 9,833.60 CAD)

PAYMENT INFORMATION (All payments are in Canadian dollars)

Please charge the entire course fee (incl. taxes) of (\$ 9,833.60 CAD) to my Credit Card

Please charge 3 equal monthly payments of \$ 3,277.87 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 6 weeks before the course start date

Cancellation Policy: If cancellation received in writing

- at least 31 days prior to course start date, tuition fee less \$ 500 (administration fee) will be refunded.
- within 15-30 days prior to course start date 50% of tuition 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