

## 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 15-17, 2010 & Mar 26-27, 2011 & Apr 16, 2011

Course Tuition Fee (incl. taxes): \$ 8,780.00 CAD 5% GST (total of \$ 9,219 CAD)

### PAYMENT INFORMATION (All payments are in Canadian dollars)

Please charge the entire course fee (incl. taxes) of \$ 9,219.00 CAD to my Credit Card

Please charge 3 equal monthly payments of \$ 3,073.00 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 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**