



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: "CROWN LENGTHENING & MINOR PERIODONTAL SURGERY
for the General Practitioner" 2-day Hands-On Patient Based course**

Location & Date: Vancouver, BC Saturday/Sunday October 3-4, 2009

Course Tuition Fee (incl. taxes): \$ 3,097.50 CAD

PAYMENT INFORMATION (All payments are in Canadian dollars)

Please charge the entire course fee (incl. taxes) of \$ 3097.50 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