



CHICAGO IMPLANT INSTITUTE
Mentoring · Educating · Advancing

Continuum in Implant Dentistry 2019/2020 REGISTRATION FORM

Participant Name: _____ NPI #: _____
 Address: _____
 City: _____ State/Prov: _____ Zip/Postal: _____
 Phone: _____ Fax: _____ Email: _____

2019/2020 Tuition Fee: \$19,000
 \$2000 Deposit due at time of registration

Please contact us for special tuition fees for recent graduates, students, and military.

Visa/Mastercard: _____ - _____ - _____ - _____ Expiration Date ____/____ CVD Code _____
 Cardholder Name _____ Signature _____
 Billing Address (if different than above): _____

I agree to pay the above Course Fee according to the card issuer agreement. Payment will be applied to the credit card provided upon registration.

\$2000 deposit due at time of registration. Remaining balance will be processed 3 weeks prior to the start of the program.
 Payment plan available - please contact us for details.

Course Location:

American Dental Association (ADA)
 Conference & Meeting Center
 211 E. Chicago Avenue
 Chicago, IL 60611

Call, Fax or Email Registration to:

Phone: 416-566-9855
 Fax: 647-748-3551
 Email: info@chicagoimplantinstitute.com
 Contact person: Linda Shouldice

Refund and Cancellation Policy: Cancellations made less than 2 months prior to the course are subject to a non re-fundable deposit of \$2000.

Course Sponsored by:



TORONTO IMPLANT INSTITUTE
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Toronto Implant Institute Inc.
 Nationally Approved PACE Program for FAGD/MAGD credit.
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 11/01/2019 to 10/31/2022
 Provider ID# 302926