



CHICAGO IMPLANT INSTITUTE
Mentoring · Educating · Advancing

Continuum in Implant Dentistry 2020/2021 REGISTRATION FORM

Participant Name: _____ NPI #: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Phone: _____ Fax: _____ Email: _____

I heard about this course from:

Colleague Ad / Journal / Mailing Website Other _____

COURSE DATES:

October 22-25, 2020 February 18-21, 2021
November 19-22, 2020 March 4-7, 2021
December 3-6, 2020 April 8-11, 2021
January 14-17, 2021 April 29-May 2, 2021

COURSE 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.*

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-refundable deposit of \$2000.

Course Sponsored by:



TORONTO IMPLANT INSTITUTE
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PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

Toronto Implant Institute Inc.
Nationally Approved PACE Program for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority
or AGD endorsement.
11/01/2019 to 10/31/2022
Provider ID# 302926