



Continuum in Implant Dentistry 2023/2024

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 19-22, 2023
November 2-5, 2023
November 30-December 3, 2023
January 18-21 2024

February 1-4, 2024
February 29-March 3, 2024
April 4-7, 2024
May 2-5, 2024

COURSE FEE: \$17,500

\$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:



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Toronto Implant Institute Inc.
Nationally Approved PACE Program for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority or AGD endorsement.
11/01/2022 to 10/31/2025
Provider ID# 302926