



UNIVERSITY IMPLANT EDUCATORS REGISTRATION 2020 Registration Document

REGISTRATION & CONTACT INFO:

DATE
3-4 DAY COURSES
January 22, 23, 24, 25, 2020
April 22, 23, 24, 25, 2020
August 26, 27, 28, 29, 2020
November 4, 5, 6, 7, 2020

NAME: _____

GP/SPECIALTY: _____

ADDRESS: _____

CITY: _____ STATE: _____

COUNTRY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL _____ CELL: _____

(Needed in event of urgent contact during program)

ADDITIONAL DOCTORS: _____

1-DAY COURSE: \$1,795

4-DAY COURSE: \$7495 FOR SHARED CHAIR

\$9,495 FOR SOLO CHAIR

30 day advance registration prices (\$500 additional charge if registration is less than 30 days)

TOTAL AMOUNT TO BE CHARGED: _____ NOTE: _____

METHOD OF PAYMENT: VISA MASTERCARD CHECK (\$US)

CREDIT CARD: _____

EXP. DATE: _____ CVW CODE: _____

SIGNATURE: _____

MAIL, EMAIL OR FAX REGISTRATION FORM WITH PAYMENT TO:

FRANCIS JONES, DDS, MBA
University Implant Educators,
2336 Santa Monica Blvd, Suite 202
Santa Monica, CA 90404

• Phone: 877.709.6623 • Fax: 888.241.4109
• Email: info@universityimplanteducators.com



www.UniversityImplantEducators.com



PHOTO / VIDEO RELEASE AND WAIVER

I, _____

Of address _____

Contact Phone Number _____

Email Address _____

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Signature _____ Date ____/____/____



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- 5) Mentioned via a website (other than University Implant Educators). What website?
- 6) Advertisement on Magazine
- 7) Referred by a friend. Please list friends name:
- 8) Referred by staff of University Implant Educators. Please list name:

Your Name: _____

Date: _____