



# Introduction to Implantology 2009

## IDEC Seminars

### Registration Form

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

January 22, 2009

February 5, 2009

**FEE \$59**

**METHOD OF PAYMENT:**  VISA  MASTER CARD  CHECK US \$

NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

By signing I'm authorizing my credit card to be charged the FEE amount stated above.

**Mail registration form with payment to:**

International Dental Education Continuum, Inc.  
8740 N. Kendall Drive Suite 215  
Miami, FL 33176  
Attn: Registration

**Or fax to: 1-800-634-0525**

**If you have any questions, please contact us at 1-800-634-0525 or visit our website at [www.idecseminars.com](http://www.idecseminars.com).**

Refunds or cancellations MUST be made in writing and received at the IDEC office no later than 30 days prior to the start of registered course. A \$20 administrative fee will be deducted from all refunds.