



7 Day Live Implant Course Registration Form

Name: _____

Practice: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

How did you here about us? _____

AGD Member #: _____ (very important, we need it to submit CE credit hours)

COURSE DATES

2016 September 18-24, 2016 October 16-22, 2016 November 6-12, 2016

2017 January 22-28, 2017 March 12-18, 2017 May 14-20, 2017

July 9-15, 2017 September 17-23, 2017 November 5-11, 2017

Credit Card Information Tuition: \$14,500

Name as it appears on card: _____

Card #: _____

Exp. Date: _____ Billing Zip: _____

Deposit: _____

Payment 1: _____ Payment 2: _____

Signature: _____



Live Implants Corp

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