



4 Day Live Implant Course Registration Form

Name for credentials: _____

Practice: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

How did you here about us? _____

COURSE DATE **February 18-21, 2018**
August, 12-15, 2018

- Computer Guided Course
- IntraCrestal Lift Course

Tuition: \$9,950

Checks Accepted
Credit Card Information

Name as it appears on card: _____

Card #: _____

Exp. Date: _____ Billing Zip: _____

Payment 1: _____ Payment 2: _____

Signature: _____



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