



## 7 Day Live Implant Course / Registration Form

Name for credentialing: \_\_\_\_\_

Practice: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How did you here about us? \_\_\_\_\_

AGD Member #: \_\_\_\_\_

**COURSE DATES**  
**2017 2018**  
Tuition: \$14,500

January 21-27, 2018

July 15-21, 2018

March 11-17, 2018

September 16-22, 2018

May 13-19, 2018

November 4-10, 2018

### Checks Accepted

### Credit Card Information

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Payment 1: \_\_\_\_\_ Payment 2: \_\_\_\_\_

Payment 3: \_\_\_\_\_ Payment 4: \_\_\_\_\_

Signature: \_\_\_\_\_



### LIVE IMPLANT CORP

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