



# 3 DAY LIVE LATERAL WINDOW SINUS LIFT COURSE Registration Form

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

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

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

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

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

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

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

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

**COURSE DATES 2018**

**DECEMBER: 6-7-8, 2018**

Tuition: \$10,500

## Credit Card Information

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

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

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

Deposit: \_\_\_\_\_

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

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



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