



LIVE IMPLANT CORP

914 Emmett Street Kissimmee, FL 34741
www.LiveImplant.com info@AskDrMongalo.com
Tel: 786.249.4510 • Fax: 786.249.4514

Registration Form

Date: _____

This is exactly how your name will appear on your certificate and credentialing letters • Name without suffix Ex. Dr. Virgi Mongalo

Doctor's Name: _____

Practice: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office: _____ Cell: _____ Fax: _____

Email: _____

DN License #: _____ Passport Number: _____

Live Implant Courses

LEVEL 1 (Beginner)
7 Day LIVE Implants
Surgeries
TUITION: \$16,000

LEVEL 2 (Intermediate)
7 DAY Live Surgeries for
Intermediate Doctors
TUITION \$23,500

LEVEL 3 (Advanced)
3D "Boom Combo"
Full Arch Immediate
Loading
TUITION \$26,500

LEVEL 5 (Advanced)
7 DAY Live Surgeries
Advanced Bone Grafting
TUITION \$22,950

2025 Course Calendar

APRIL 20-26, 2025
VALPARAISO - MEXICO

JULY 20-26, 2025
GUADALAJARA - MEXICO

OCTOBER 12-18, 2025
VALPARAISO - MEXICO

MAY 18-24, 2025
BOGOTA - COLOMBIA

AUGUST 17-23, 2025
VALPARAISO - MEXICO

NOVEMBER 2-8, 2025
GUADALAJARA - MEXICO

JUNE 15-21, 2025
VALPARAISO - MEXICO

SEPTEMBER 14-20, 2025
GUADALAJARA - MEXICO

DECEMBER 7-13, 2025
VALPARAISO - MEXICO



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Credit Card Authorization Form

Card Holder Information:

Attending Doctor: _____

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Card Type:

VISA

MasterCard

Discover

Amex

Card Number: _____ Expiration Date: _____

Credit Card Billing Zip Code: _____

I, _____ authorize Live Implants Corp, to process and charge against my credit card account in the amount of \$ _____

You may divide the tuition into: 1: _____ 2: _____

3: _____ 4: _____ 5: _____

Tuition must be paid in full one month before the attending course.

Telephone Number: _____ Fax Number: _____

Print Name as it appears on Credit Card: _____

Signature: _____

Date: _____

**Live Implant Training does not accept wire transfers.
Please contact our office for payment information: 786-249-4510**

NOTE: In order to process payment Live Implant Corp requires the following:

- Copy front and back of credit card (attending doctor)
- Copy of Driver License
- Live Implant Corporation does not keep credit card numbers. Upon completion of the course this document will be shredded.
- No payments will processed without this information.
- Never send or accept bank information without first without calling 786.249.4510 (Ethel)