



Dental Facial Aesthetic Cleopatra Technique™ Orlando - Florida

LIVE IMPLANT CORP

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

Name for credentialing: _____

Practice: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

DN License #: _____



February 6-7, 2026
ORLANDO, FLORIDA

TUITION: \$2,650 • LIT ALUMNI: \$2,000

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 \$ _____

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 be processed without this information.
- Never send or accept bank information without first calling 786.249.4510 (Ethel)