

Course Registration Form

Implant and Periodontal Surgery in the Esthetic Zone

Sept. 23-24, 2010

Sept. 22-23, 2011

Bone Regeneration for Implant Replacement

April 1-2, 2010

April 14-15, 2011

Over-the-Shoulder

Request dates with office via telephone or email

Please Print

Today's Date _____

Last Name

First Name

Street Address

Town

State

Zip

Email Address

@ _____

(For bulletins and confirmations)

Phone (_____) _____

Fax (_____) _____

Practice Speciality

General

Periodontist

Prosthodontist

Oral Surgeon

Endodontist

Laboratory

Other _____

Payment Method

Sonick Seminar Course @ \$2995

Over-the-Shoulder Course @ \$1,995

Auxiliary Charge @ \$795

Total \$ _____

Check

MasterCard

VISA

American Express

Discover

*(make payable to
Sonick Seminars)*

Credit Card Number _____ Exp. Date _____

Print Cardholder's Name _____

A **\$1,000 deposit** is required at registration for doctor participants. The balance is payable at least 30 days prior to the course. Cancellations must be made at least 30 days prior to the course to receive a refund; otherwise, the \$1,000 deposit will be forfeited.

Course tuition includes a technical training booklet, research articles, professional information packets, special product discounts, and a certificate of course completion. Also included are breakfast and lunch on Thursday and Friday, and a synergistic group dinner on Thursday evening.

Voice: 203.254.2006

FAX: 203-254-9201

Mail: Sonick Seminars, 1047 Old Post, Fairfield, CT 06824

Email: carole@sonickdmd.com

Website: www.sonickseminars.com

Please check our website for additional Sonick Seminar Courses.