



# UNIVERSITY IMPLANT EDUCATORS REGISTRATION 2024 Registration Document

## REGISTRATION & CONTACT INFO:

DATE
<b>3-4 DAY COURSES</b>
January 17, 18, 19, 20, 2024
April 10, 11, 12, 13, 2024
July 24, 25, 26, 27, 2024
October 16, 17, 18, 19, 2024

NAME: \_\_\_\_\_

GP/SPECIALTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

(Needed in event of urgent contact during program)

ADDITIONAL DOCTORS: \_\_\_\_\_

**1-DAY COURSE: \$1,795**

**4-DAY COURSE \$9,495 SHARED CHAIR**

**\$11,995 SOLOCHAIR**

### 30-day Advance Registration Prices

TOTAL AMOUNT TO BE CHARGED: \_\_\_\_\_ NOTE: \_\_\_\_\_

METHOD OF PAYMENT:            VISA                                    MASTERCARD                                    CHECK (\$US)

CREDIT CARD: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ CVV CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NOTE: We apply a surcharge to payments made using a credit card which is in line with our cost of acceptance. We pass on a 3.5% on Credit Card, Commercial or Business Debit Cards. We do not charge personal debit cards.**

MAIL, EMAIL OR FAX REGISTRATION FORM WITH PAYMENT TO:

**FRANCIS JONES, DDS, MBA**  
University Implant Educators,  
2336 Santa Monica Blvd, Suite 202  
Santa Monica, CA 90404

• Phone: 877.709.6623 • Fax: 888.241.4109  
• Email: [info@universityimplanteducators.com](mailto:info@universityimplanteducators.com)



[www.UniversityImplantEducators.com](http://www.UniversityImplantEducators.com)



## PHOTO / VIDEO RELEASE AND WAIVER

I, \_\_\_\_\_

Of address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

- 1) **Consent** to the use, publication and reproduction by University Implant Educators employees, officers, contractors, or agents, to take Photographs and or Videos of me for the purpose of advertising, media publicity, general display, or for any other course purposes in whole or in part, including on the University Implant Educators website or in online and paper publications. The photos and video may in consequence also be spread to other countries outside of the United States of America.
- 2) **Agree** that the use, publication and or reproduction of the Photographs and or Videos may occur by any medium, including but not limited to newspapers, magazines, brochures, television advertisements, promotional content and websites, including social media outlets.
- 3) **Agree** that the rights granted to University Implant Educators under this release and waiver form are perpetual and I hereby waive any interest that I may have in the copyright to the Photographs and or Videos now or at any future time. I acknowledge that I do not expect to receive any payment or any other consideration in connection with the taking, use or storage of the Photographs.
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Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**HOW DID YOU HEAR ABOUT UNIVERSITY IMPLANT EDUCATORS?  
PLEASE PLACE A CHECKMAR NEXT TO THE OPTION THAT MATCHES**

- 1) Advertisement via Google
- 2) Advertisement via Instagram
- 3) Advertisement via Facebook
- 4) Results via a Search Engine: Google | Bing | Yahoo | Other
- 5) Mentioned via a website (other than University Implant Educators). What website?
- 6) Advertisement on Magazine
- 7) Referred by a friend. Please list friends name:
- 8) Referred by staff of University Implant Educators. Please list name:

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

Date: \_\_\_\_\_