



UNIVERSITY IMPLANT EDUCATORS REGISTRATION

2023 Registration Document

REGISTRATION & CONTACT INFO:

DATE
3-4 DAY COURSES
January 25, 26, 27, 28, 2023
April 12, 13, 14, 15, 2023
July 26, 27, 28, 29, 2023
October 18, 19, 20, 21, 2023

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: \$9,995 FOR SHARED CHAIR

\$12,995 FOR SOLO CHAIR

Shared Chair \$9,995 with \$500 early registration discount | Solo Chair \$12,995 with \$1,000 early registration discount

TOTAL AMOUNT TO BE CHARGED: _____ NOTE: _____

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

CREDIT CARD: _____

EXP. DATE: _____ CVW 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% credit card fee. We do not charge 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



www.UniversityImplantEducators.com



PHOTO / VIDEO RELEASE AND WAIVER

I, _____

Of address _____

Contact Phone Number _____

Email Address _____

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Signature _____ Date ____/____/____



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- 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: _____