



UNIVERSITY IMPLANT EDUCATORS REGISTRATION

2022 Registration Document

REGISTRATION & CONTACT INFO:

DATE
3-4 DAY COURSES
January 26, 27, 28, 29, 2022
April 27, 28, 29, 30, 2022
July 27, 28, 29, 30, 2022
October 26, 27, 28, 29, 2022

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

\$11,995 FOR SOLO CHAIR

30 day advance registration prices (\$500 additional charge if registration is less than 30 days)

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 _____

- 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 ____/____/____



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PLEASE PLACE A CHECKMAR NEXT TO THE OPTION THAT MATCHES

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- 2) Advertisement via Instagram
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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: _____