



# 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: \_\_\_\_\_

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 \_\_\_\_\_

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- 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

- 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: \_\_\_\_\_