

# Registration Form

NAME

SPECIALTY TITLE

ADDRESS

CITY/STATE/ZIP

E-MAIL

PHONE

## 2010 DIILV SINUS SEMINAR

- 8/28/2010 (SATURDAY) 9AM - 6PM or
- 10/3/2010 (SUNDAY) 9AM - 6PM
- 11/27/2010 in SHANGHAI *(Call for more details)*

6170 W. Desert Inn, Las Vegas, NV 89146

### Payment Method

- Check \$ \_\_\_\_\_ (payable to: Dental Implant Institute)
- Charge \$ \_\_\_\_\_ to my:
  - VISA     MasterCard     Discover

NAME

CARD NUMBER

EXP. DATE

SIGNATURE

### CANCELLATION POLICY

30 or more days before the event = 80% refund    ■ 15-29 days before the event = 50% refund  
■ Less than 15 days before the event = NO refund

**Registration Fee: Doctors \$1495/person**  
**8CE Hours will be given to all attendees**

**(Register before 7/31/2010 and get 10% off)**

**\* Deadline for registration: 8/10/2010**

**To register, please fill out this form and fax it to: (626)446-1906**  
**For more information, please call: (562)756-1391**