

Chicago Midwest AAID MaxiCourse 2018 REGISTRATION FORM

Participant Name: _____ NPI #: _____
 Address: _____
 City: _____ State/Prov: _____ Zip/Postal: _____
 Phone: _____ Fax: _____ Email: _____

I heard about this course from:

Colleague Ad / Journal / Mailing Website Other _____

<p>COURSE DATES:</p> <table border="0" style="width: 100%;"> <tr> <td>January 25-28</td> <td>May 3-6</td> </tr> <tr> <td>February 15-18</td> <td>June 14-17</td> </tr> <tr> <td>March 1-4</td> <td>July 19-22</td> </tr> <tr> <td>April 5-8</td> <td>August 2-5</td> </tr> </table>	January 25-28	May 3-6	February 15-18	June 14-17	March 1-4	July 19-22	April 5-8	August 2-5	<p>MAXICOURSE FEE: \$18,000</p> <p>\$2000 deposit due at time of registration</p> <p>For Student and recent Graduate special rates, please contact Linda at linda@ti2inc.com</p>
January 25-28	May 3-6								
February 15-18	June 14-17								
March 1-4	July 19-22								
April 5-8	August 2-5								

Visa/Mastercard: _____ - _____ - _____ - _____ Expiration Date ____/____/____ CVD Code _____
 Cardholder Name _____ Signature _____

*I agree to pay the above Course Fee according to the card issuer agreement. Payment will be applied to the credit card provided upon registration.
 \$2000 deposit due at time of registration. Remaining balance will be processed 21 days prior to the start of the program.
 Payment plan available - please contact us for details.*

Course Location:

American Dental Association (ADA)
 Conference & Meeting Center
 211 E. Chicago Avenue
 Chicago, IL 60611

Call, Fax or Email Registration to:

Phone: 416-566-9855
 Fax: 647-748-3551
 Email: linda@ti2inc.com
 Contact person: Linda Shouldice, Education Co-ordinator

Refund and Cancellation Policy: Cancellations made less than 2 months prior to the course are subject to a non-refundable deposit of \$500.

Course Sponsored by:



TORONTO IMPLANT INSTITUTE
Mentoring • Educating • Advancing



Approved PACE Program Provider
 FAGD/MAGD Credit
 Approval does not imply acceptance
 by state or provincial board of
 dentistry or AGD endorsement
 11/12/2017 to 10/31/2019
 Provider ID# 302926