

Chicago AAID MaxiCourse 2018/2019 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>October 11-4, 2018</td> <td>March 28-31, 2019</td> </tr> <tr> <td>November 15-18, 2018</td> <td>May 2-5, 2019</td> </tr> <tr> <td>January 17-20, 2019</td> <td>June 6-9, 2019</td> </tr> <tr> <td>February 21-24, 2019</td> <td>June 27-30, 2019</td> </tr> </table>	October 11-4, 2018	March 28-31, 2019	November 15-18, 2018	May 2-5, 2019	January 17-20, 2019	June 6-9, 2019	February 21-24, 2019	June 27-30, 2019	<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 info@chicagomaxicourse.com</p>
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November 15-18, 2018	May 2-5, 2019								
January 17-20, 2019	June 6-9, 2019								
February 21-24, 2019	June 27-30, 2019								

Visa/Mastercard: _____ - _____ - _____ - _____ Expiration Date ____/____/____ CVD Code _____

Cardholder Name _____ Signature _____

Billing Address (if different than above): _____

*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 3 weeks 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: info@chicagomaxicourse.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:



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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