

Chicago AAID MaxiCourse 2020/2021 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 style="width: 50%;">October 22-25, 2020</td> <td style="width: 50%;">February 18-21, 2021</td> </tr> <tr> <td>November 19-22, 2020</td> <td>March 4-7, 2021</td> </tr> <tr> <td>December 3-6, 2020</td> <td>April 8-11, 2021</td> </tr> <tr> <td>January 14-17, 2021</td> <td>April 29-May 2, 2021</td> </tr> </table>	October 22-25, 2020	February 18-21, 2021	November 19-22, 2020	March 4-7, 2021	December 3-6, 2020	April 8-11, 2021	January 14-17, 2021	April 29-May 2, 2021	<p>MAXICOURSE FEE: \$19,000</p> <p>\$2000 deposit due at time of registration</p> <p>For Student, recent Graduate and Military special rates, please contact us at info@chicagomaxicourse.com</p>
October 22-25, 2020	February 18-21, 2021								
November 19-22, 2020	March 4-7, 2021								
December 3-6, 2020	April 8-11, 2021								
January 14-17, 2021	April 29-May 2, 2021								

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:

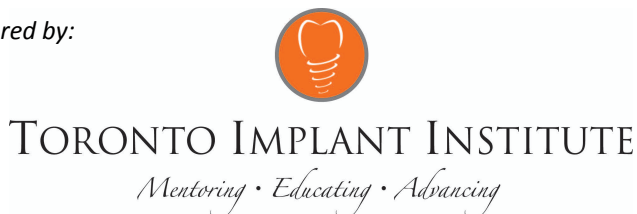
American Dental Association (ADA)
Conference & Meeting Center
211 E. Chicago Avenue
Chicago, IL 60611

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 \$2000.

Course Sponsored by:



Toronto Implant Institute Inc.
 Nationally Approved PACE Program for FAGD/MAGD credit.
 Approval does not imply acceptance by any regulatory authority
 or AGD endorsement.
 11/01/2019 to 10/31/2022
 Provider ID# 302926