



COURSE REGISTRATION

Print out This Form and Mail or Fax to:
3D Maxillofacial Imaging Centers
3144 John R Road, Suite 100
Troy, MI 48083
Fax: 248-714-1447

Dentist Last Name: _____ First Name: _____

E-Mail Address*: _____ Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

*(We send confirmations and important updates via e-mail)

REGISTRATION FEE

- \$2500.00 Per dentist on or before March 2, 2015 (Without Surgical Kit)
- \$4999.00 Per dentist on or before March 2, 2015 (With surgical Kit)
- \$250.00 Per RDH, DA on or before March 2, 2015

PAYMENT INFORMATION

METHOD OF PAYMENT - Registrations without full payment are not valid and will not be processed.

- Check Enclosed (Payable to "3D Maxillofacial Imaging Centers, PLC")
- Visa Master Card American Express

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

Cardholder's Name (as it appears on the card): _____

Cardholder's Address: _____

Cardholder's Signature: _____

REGISTRATION FEE CANCELLATION/REFUND POLICY

All cancellations must be submitted in writing prior to March 2, 2015 or before to receive a 75% refund of the Registration Fee. Cancellations received after March 2, 2015 are non-refundable, but may be transferable to another member of the same practice. All refund requests will be processed post this event.