

2 Day In-office Live Surgical Course: Dental Implants and Extraction Site Bone Grafting

Attendance is limited to 30 doctors.

Name _____

Specialty _____

Address _____

City _____ State _____ Zip code _____

Phone (____) _____ Fax (____) _____

E-mail _____

Tuition: \$995

CE Credit: 11 hours

Continental breakfast and lunch are included. Directions and accommodations can be found on our web site at www.tischlerdental.com.

November 6-7, 2009 May 7-8, 2010 September 7-8, 2010

Check (enclosed) Credit card

Total amount enclosed _____

Visa/MC/AmEx # _____
(Circle One)

Expiration Date ____ / ____ / ____

Cardholder Name _____

Signature _____

Mail or Fax Registration Form

Tischler Dental
121 Route 375
Woodstock, NY 12498
Fax: 845-679-7594

For additional information or to register by phone call:

845-679-3706

SPMP09198 Rev A Sept 2009

Cancellations must be received at least 15 days prior to the course to receive a refund. Cancellations received with less than 15 days forfeit the fee. Tischler Dental reserves the right to program cancellation if attendance is insufficient. Participants will be notified if a program is cancelled or rescheduled 15 days prior to the course date. In any event, Tischler Dental will not be responsible or liable for expenses incurred by the registrant.