

MICROSURGERY TRAINING INSTITUTE

SANTA BARBARA, CALIFORNIA

REGISTRATION FORM

Attendee Name	Degree(s)	Specialty		
Email Address	Cell Phone #	Office Phone #		
Address	City/Province	State	Postal Code	Country

MEETING REGISTRATION & COST



**S.M.I.L.E. TECHNIQUE
DENTAL IMPLANT**
2 DAY WORKSHOP

COURSE TUITION: **\$6,800***

SEP. 17-18, 2016

Lunch and light evening reception included in course tuition price.

*Pre-registration deposit of \$2000 is required with the remainder due six weeks in advance of each course. Deposit is non-refundable. Remit fees in U.S. funds by check or credit card to: Microsurgery Training Institute



**PERIODONTAL
MICROSURGERY**
2 DAY WORKSHOP

COURSE TUITION: **\$5,000***

FEBRUARY 6-7, 2016

APRIL 23-24, 2016

JULY 16-17, 2016

Lunch and light evening reception included in course tuition price.

*Pre-registration deposit of \$1500 is required with the remainder due six weeks in advance of each course. Deposit is non-refundable. Remit fees in U.S. funds by check or credit card to: Microsurgery Training Institute

TOTAL

BILLING INFORMATION Enter EXACTLY as appears on your billing statement

Card Type: VISA MASTER CARD DISCOVER AMERICAN EXPRESS

Card Holder's Name	Card Number	Expiration Date (MM/YY)	Security Code (3 digits on back) (American Express 4 digits in front)		
Billing Phone #	Billing Address	City/Province	State	Postal Code	Country

Signature:

An official confirmation will be emailed to the email address provided on this form.

FAX (805) 965-3318

ADDRESS 1515 State Street, Suite 1 Santa Barbara, CA 93101

PHONE (805) 965-0039 EXT 2 EMAIL cayla@sbdentist.com

microdentistry.com