Park Dental Research Corporation Certification Seminar registration form	
Certification Seminars	Introductory
Duration	One day
Scope	Dentures
Hands-on surgical placement	V
Hands-on denture reline	V
Denture model	$\sqrt{}$
CE credits	7
Please choose the certification seminar you are attending Cost Surgical and prosthetic procedure	Santa Fe, NM 16 Mar Ardmore, OK 15 Jun Ardmore, OK 14 Sep Santa Fe, NM 9 Nov \$595 es are demonstrated through case slide presentations. Limited attendance.
Pick 1 of 3 Easy Options to Register: 1) Print the completed form, sign & fax to 214-233-7279, 2) Email your request to andrea@parkdentalresearch.com or 3) Just call us and register over the phone 800-243-7372. Doctor name & title	
Dental assistant attending at half price Assistant's name	
Address	City
StateZip code _	Phone number
E-mail	Website
Credit card payment authorization	
Name on card	Visa Master card Amex

You will receive a confirmation letter with all the information about the course. Please do not make any travel arrangements until you receive the confirmation letter. Full refund if cancelled 4 weeks prior to the course, 50% refund if cancelled with at least one week prior to the course. Only course registration fees will be refunded. Other terms and conditions may apply. PM0011Rev04

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MDI

Credit card # _____ Expiration date _____ Security code _____

Date ______ I consent to debit my credit card; (signature) _____

Where did you hear about this course?

Are you currently placing implants?