ICKERT
TEACHING CENTRE
Predictable Restorative & Surgical Solutions

Course Registration Form

COURSE CONTINUUM SCHEDULE

DENTAL IMPLANT I	DENTAL IMPLANT II	DENTAL IMPLANT III
• September 15 to 17, 2011 • January 19 to 21, 2012 • May 10 to 12, 2012 • September 13 to 15, 2012 • September 27 to 29, 2012	• October 27 to 29, 2011 • April 19 to 21, 2012 • October 25 to 27, 2012	• February 9 to 11, 2012

ADDITIONAL COURSES SCHEDULE*

COMPLICATIONS SYMPOSIUM	• November 18 to 19, 2011
PERSONALIZED MENTORSHIP PROGRAM	• Available Upon Request

**Please call the Ickert Teaching Centre at (855) 494-2481 for Course Tuition and Availability*

COURSE TUITION

Course Seat:	• $3495.00 + HST
Surgical Option (includes One Clinical Partner):	• Course Seat + $1500.00 + HST
Clinical Partner Course Seat:	• $575.00 + HST

Harmonized Sales Tax (HST @ 12%)

COURSE SIGN UP

COURSE NAME	COURSE DATE	SEAT TYPE
		☐ Course Seat ☐ Surgical Option ☐ Clinical Partner x ___
		☐ Course Seat ☐ Surgical Option ☐ Clinical Partner x ___
		☐ Course Seat ☐ Surgical Option ☐ Clinical Partner x ___

#105 - 8411 200th Street | Langley, BC V2Y 0E7 | Phone: 604.881.2481 | Fax: 604.881.0381 | Email: info@ickertteachingcentre.com

WWW.ICKERTTEACHINGCENTRE.COM

CONTACT INFORMATION

First Name:	**Last Name:**
Office Name:	
Office Address:	
City:	**Province/State:**
Country:	**Postal/Zip Code:**
Work Phone:	**Work Fax:**
Mobile Phone:	**Email Address:**
Website:	

GENERAL INFORMATION

Dietary Restrictions:	**Food Allergies:**
Dental School:	**Graduation Year:**
Have You Previously Placed Implants?	**If so, how many?**
Preferred Implant System(s):	
What is your chief learning objective for this course?	

CLINICAL PARTNER (Included with Surgical Option)

Please provide the general information for your Clinical Partner (assistant) who may be accompanying you to the course.

First Name:	**Last Name:**
Position:	
Dietary Restrictions:	**Food Allergies:**

CLINICAL PARTNER COURSE SEAT

Please provide the general information for your Clinical Partner (assistant) who may be accompanying you to the course.

First Name:	**Last Name:**
Position:	
Dietary Restrictions:	**Food Allergies:**

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PAYMENT INFORMATION

An initial deposit of $500 per course is processed upon your course approval. The outstanding balance of the course payment may be processed up to 30 days prior to the scheduled course you will be attending.* If requested, payments in full will be processed immediately.

Initial Deposit of $500 Processed	☐		**Payment in Full**	☐	
Name on card:					
Card Type:	☐	**VISA**	☐	**MasterCard**	☐ **American Express**
Card Number:			**Expiry Date:**		
Billing Address:					
City:			**Province/State:**		
Country:			**Postal/Zip Code:**		

**The outstanding balance (including the initial deposit) and/or the payment in full, will be subject to Harmonized Sales Tax (HST).*

If paying by cheque, mail to:

Ickert Teaching Centre
Suite #105 - 8411 200th Street
Langley, British Columbia
Canada V2Y 0E7

Please fax the above registration form to the Ickert Teaching Centre.

THE ICKERT TEACHING CENTRE FAX NUMBER IS (604) 881-0381