

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) 519-0300**

First Name: _____ Last Name: _____
Specialty: _____ E-Mail Address: _____
Mailing Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____

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

REGISTRATION FEE

\$125.00 per dentist (registration ends September 7, 2010)

\$75.00 per additional dentist from the same office (registration ends September 7, 2010)

\$50.00 per staff (Free with the attending dentists-one per-office) (registration ends September 7, 2010)

FREE for our referring doctors and staff members.

PAYMENT INFORMATION

To process your registration, your credit card number or check made payable to "3D Maxillofacial Imaging Centers, PLC" must accompany your registration. Registration without full payment will not be processed.

METHOD OF PAYMENT

Check enclosed (payable to "3D Maxillofacial Imaging Centers, PLC")

AMEX, Visa, MasterCard

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

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

Cardholder's Address: _____

Cardholder's Signature: _____

REGISTRATION FEE CANCELLATION/REFUND POLICY

All cancellations must be submitted in writing one full week prior to scheduled seminar to receive a 50% refund of the Registration Fee. Cancellations received less than one full week prior to scheduled seminar are non-refundable, but transferable to another member of the same practice. All refund requests will be processed post-event.

Yes, I agree with 3D Maxillofacial Imaging Centers' Registration Fee Cancellation/Refund Policy.

Fax to: (248) 519-0300