

Travis A. Perkins, D.M.D.

Nevada Institute for Advanced Dental Education

IMPLANT COURSE REGISTRATION FORM

May 29th and 30th, 2009

7720 W. Sahara Ave. #114, Las Vegas, NV 89117

(702) 367-7899 Fax: (702) 792-9278

Dentist Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-Mail _____

Registration Fees - \$1,995.00 per Dental Practitioner (includes lunch) Time: 9:00 - 5:00

Questionnaire:

What is your area of expertise? _____

What are your weaknesses? _____

Have you ever attended an Implant course? _____

Do you currently place dental implants? _____

If so, what system(s) do you use? _____

Which topics are you interested in focusing on:

Implant placement Bone Grafting Abutment Selection Sinus Elevation Prosthetics PRP

Other (please explain) : _____

Would you like to learn about placing Surgical Guides or CT Guided surgeries? _____

You may mail or fax this form to the address below

Method of Payment accepted:

Credit Card: Visa Master Card American Express Discover

Card Number _____ Exp. Date _____

Signature _____ Billing Zip Code _____

7720 W. Sahara Ave. #114 • Las Vegas, NV 89117 • (702) 367-7899 • Fax (702) 792-9278