

Registration Form for *PR Maxicourse® 2016-2017*

***The Puerto Rico AAID MaxiCourse® Program and
Clinical Residency in Implant Dentistry***

NAME: _____ Degree: _____

License No: _____ AGD # _____

State: _____ AAID # _____

Mailing Address: _____

Phone Numbers: Office _____ email: _____

Cellular _____

Home _____

Total cost of tuition: **\$20,950**

*** Total payments have a 5% discount** (does not apply to payments with a credit card)

_____ One session: \$2,000

_____ Deposit: **\$2,000.00** (non refundable)

Payment:

___ Check or Money Orders: Number: _____ Date: _____

___ Credit Card: _____ VISA _____ Master Card

Name: _____

Number: _____ Expiration Date: _____

Signature: _____ Date: _____

For official use only:

I, _____, working as _____ for
_____ received \$ _____ from
_____ as a deposit for the **PR Maxicourse8®**, to be offered in Puerto Rico since
September 8
, 2016 up to June 3, 2017.

Signature: _____ Date: _____

Sponsored by: *The Advanced Dental Implant Institute
Tatum Institute International
FILIUS Institute, University of Puerto Rico*