



Advanced Team Implant Symposium

Restorative & Surgical Excellence

August 4-6, 2019 • Alyeska Resort, Alaska

Registrant Information:

Name: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____

Email: _____

AGD Member Number: _____

Course Participation () x \$1,995.00

Optional Alaskan Excursions:

1/2 Day Fishing Trip Mon. August 5 Tues. August 6 () x \$ 375.00

Full Day Fishing Trip Sat. August 3 Wed. August 7 () x \$ 495.00

1/2 Day Glacier Cruise Mon. August 5 Tues. August 6 () x \$ 150.00

Full Day Glacier Cruise Sat. August 3 Wed. August 7 () x \$ 275.00

Total: _____

Payment Information:

Check made Payable to: Implants NW LIVE Learning Center

Charge US \$ _____ credit card: Visa Mastercard Discover AmEx

Name on Card: _____

Card Number: _____

Exp. Date: _____ CCV Code: _____ Zip: _____

Signature: _____

Return form with payment to:

Implants NW LIVE Learning Center Attn: Kelly

1859 N. Lakewood Dr., Ste. 202 • Coeur d'Alene, Idaho • 83814

Tel: 208-664-8720 • Fax: 208-664-6272 Email: ce@implantsnw.com

please visit www.implantsnorthwestlive.com

to view our cancellation policy



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dentistry or AGD endorsement
10/01/2017 to 09/30/2021
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