

An AAID MaxiCourse®

A COMPREHENSIVE TRAINING PROGRAM ON ORAL
REHABILITATION AND IMPLANT DENTISTRY

Registration Form for *PR AAID MaxiCourse 2*

NAME: _____

License No: _____

State: _____

Mailing Address: _____

Phone Numbers: Office _____

Cellular _____

Home _____

Total cost of tuition: **\$19,950.00**

Deposit: **\$2000.00** (non refundable)

*** Total payments have a 5% discount**

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 AAID MaxiCourse 2***, to be offered
in Puerto Rico since September 23, 2010 up to June 18, 2011.

Signature: _____

Date: _____