



Sonick Seminars Registration Form

Name (PLEASE PRINT) _____

Street Address (PLEASE PRINT) _____

City _____

ST _____

ZIP _____

Email Address (PLEASE PRINT) _____ @ _____

Practice Specialty (Check all that apply)

- General Practitioner Periodontist Prosthodontist Oral Surgeon Endodontist Laboratory
 Other

Courses Available

Implant and Periodontal Plastic Surgery in the Esthetic Zone

Sept. 23-24, 2010

Sept. 22-23, 2011

Bone Regeneration for Ideal Implant Placement

April 1-2, 2010

April 14-15, 2011

Over-the-Shoulder

Request dates with office

Payment Method

Sonick Seminar Course @ \$2,995

Over-the-Shoulder Course @ \$1,995

Auxiliary Staff Member @ \$795

Check

MasterCard

VISA

American Express

Discover

Credit Card Number: _____ Exp. Date (MM/YY): _____

Print Card Holder's Name _____

Signature: _____ Date _____

A \$1000 deposit is required at registration for doctor participants. The balance is payable at least 30 days prior to the course. Cancellations must be made at least 30 days prior to the course to receive a refund; otherwise, the \$1000 deposit will be forfeited. Course tuition include, a technical training booklet, research articles, professional information packets, special product discounts, and a certificate of course completion. Also included are breakfast and lunch on Thursday and Friday, and a synergistic group dinner on Thursday evening.

Phone: 203-254-2006

FAX: 203-254-9201

Mail: Sonick Seminars

1047 Old Post Road, Fairfield, CT 06824

Email: carole@sonickdmd.com

Web: www.sonickseminars.com