Academy of General Dentistry
PACE Program Approval for Continuing Education

Sonick Seminars

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. 22-23, 2011**
☐ **Sept. 20-21, 2012**

Bone Regeneration for Ideal Implant Placement
☐ **April 14-15, 2011**
☐ **April 12-13, 2012**

Over-the-Shoulder
☐ **Request dates with office**

Payment Method

☐**Sonick Seminar Course @ $2,495** ☐**Over-the-Shoulder Course @ $1,495**

Auxiliary Staff Member @ $495

☐ **Check** ☐ **MasterCard** ☐ **VISA** ☐**American Express** ☐**Discover**

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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 T day and Friday, and a synergistic group dinner on Thursday evening.

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