

Q-Implant Marathon Registration Form

Please fill in **all** fields and return signed Registration Form to Implantology Courses

This registration is valid when a deposit is received

Name: _____ Date of Birth: _____

Company: _____

Shipping Address: _____

Country: _____ City: _____ State: _____ Zip: _____

Work/Office Phone: _____ Ext: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Name on Certificate: _____ AGD # _____

Specialty:

Oral Surgeon General Practitioner

Periodontist Other: _____

Location/Date:

Dominican Republic:

Marathon (5 Day Course):

June 21 - 25, **2021**

January 3 - 7, **2022**

September 13 - 17, **2021**

November 15 - 19, **2021**

Cambodia:

Marathon (5 Day Course):

June 7 - 11, **2021**

August 16 - 20, **2021**

November 3 - 7, **2021**

Laos:

TBA

Level:

Level 1 (implant placement) Level 2 (sinus elevations)

Level 3 (advanced grafting)

Scrubs: (Please note that scrubs are unisex and they run large)

XS S M L XL **Height:** _____

Payment Terms:

Marathon (5 Day Course) \$13,950 USD

Other (please specify): _____

-Implants, surgical and prosthetic materials included;

-Hotel accommodations (single deluxe room, 5* local category);

-Local transfers to/from clinic included;

For more information see the Q-Implant® Marathon general Terms & Conditions.

I bindingly confirm my registration for the Q-Implant® Marathon

Signature: _____ **Date:** _____

(With my Signature I confirm, that I accept the Q-Implant® Marathon General Terms & Conditions)

Registration Terms and Conditions

Please enclose the following:

- ____ Completed and Signed Registration Form
- ____ Deposit of \$1,000 USD in the form of Credit Card, Check or Wire Transfer

Required documents: (Not due upon registration but must be submitted no later than **3 weeks** prior to the course start date)

Please read and **initial** each of the following:

- ____ Copy of Passport
 - ____ Copy of Dental License
 - ____ Copy of Dental School Diploma
 - ____ Copy of Curriculum Vitae (outline any implant experience)
 - ____ Copy of recent results from Infectious Disease Testing (Hepatitis B, C and HIV)*
 - ____ Recent picture
- *(Results can be from a lab such as Quest Diagnostic, LabCorp etc. or a letter from physician)

Payment and Cancellation Policy:

Please read and **initial** each of the following:

- ____ All cancellations must be made in writing no later than 8 weeks prior to the original course date. Tuition is non-refundable after the 8 week mark, but can be transferred to another course date for up to 1 year. Postponing course less than 10 days before arrival may incur a hotel and clinic fee.
- ____ Deposit of \$1,000 USD is NON REFUNDABLE but can be transferred for up to 1 year.
- ____ Payments are due no later than 6 weeks prior to course, or upon registration, whichever comes first.
- ____ Course dates are subject to change with prior notice from the organizer.

General Information:

Arrange your flight so that you arrive on the Sunday before start date and depart back on the following Saturday. The course itinerary with hotel address, hotel voucher etc. will be sent to you 2 - 3 weeks before the course. Prepare several sets of operating clothes (scrubs or disposable robes) and comfortable operating shoes to take to the course. It is recommended you bring a camera to document your cases.

In Case of Emergency: (Please note that you will be spending about 8-10 hours a day on your feet at the clinic)

List any medical condition we should be aware of: _____

Emergency contact name: _____ Phone: _____ Relation: _____

Payment: (All checks must be made payable to **Implantology Courses Inc**)

- I am paying: Full Amount Deposit Only Other _____
- In the form of: Credit Card Check Wire Transfer

Credit Card Authorization: There is a 3% convenience charge added to all credit card transactions. Please initial _____

I hereby authorize the Implantology Courses, Inc to charge my credit card in the amount of \$ _____

Name on Credit Card: _____

Credit Card Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____