

The American Academy of Implant Dentistry is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Recognition at ADA.org/CERP

The American Academy of Implant Dentistry designates this activity for continuing education credits.



Approved PACE Program Provider  
FAGD/MAGD Credit.  
Approval does not imply acceptance by a state or provincial board of dentistry of AGD endorsement. The current term of approval extends from June 1, 2015 to May 31, 2017. Provider ID# 214696

## REGISTRATION FORM

Name

Street

City, State, Zip

Office Phone Fax #

E-Mail Address

Contact Person

Additional Participant (s):

Fee:

Dentist: \$ 835.00 Non-AAID Member (All 4 Sessions)

\$ 790.00 AAID Member (All 4 Sessions)

**\*An AAID member is an individual that appears in the 2017 - 2018 directory.**

Resident: \$ 485.00 (All 4 Sessions)

Hygienist, Assistant, Secretary: \$ 180.00 (All 4 Sessions)

Fee for individual study club session- \$ 380.00

Please register me for the following session (s):

\_\_\_ March 7, 2018-payment due February 1, 2018

\_\_\_ June 6, 2018 – payment due May 1, 2018

\_\_\_ September 12, 2018 - payment due August 1, 2018

\_\_\_ November 7, 2018-payment due October 1, 2018

Fee includes: Food, beverages, handouts.

**Payment:**

My check, in the amount of \$ \_\_\_\_\_, is enclosed.

\_\_\_ Charge \$ \_\_\_\_\_ to my (Check one)

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Acct. No. \_\_\_\_\_

Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Dr. Jackson not receiving corporate financial compensation.

Dr. Jackson reserves the right to cancel or reschedule meetings at any time.

**100% refunds will be honored up to 45 days prior to session.**



You can mail or fax this registration form to: AAID/CNY Implant Study Group  
**Attn: Judy**  
2534 Genesee Street  
Utica, NY 13502  
Phone: 315-724-5141  
Fax: 315-733-1270  
BJJDDSIMPLANT@AOL.COM



