

The American Academy of Implant Dentistry is an ADA CER.P Recognized Provider. ADA CER.P is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CER.P 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.



**PACE**  
ACADEMY of  
GENERAL DENTISTRY  
PROGRAM APPROVAL  
FOR CONTINUING  
EDUCATION

Approved PACE Program Provider  
FAGD/MAGD Credit

Approval does not imply acceptance  
by a state or provincial board of  
dentistry or AGD endorsement.

The current term of approval extends  
from May 1, 2017 to April 30, 2021  
Provider ID# 214696

## REGISTRATION FORM

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Phone Fax # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Additional Participant (s):

Fee:

Dentist: \$ 918.00 Non-AAID Member (All 4 Sessions)

\$ 869.00 AAID Member (All 4 Sessions)

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

Resident: \$ 523.00 (All 4 Sessions)

Hygienist, Assistant, Secretary: \$ 198.00 (All 4 Sessions)

Fee for individual study club session- \$ 380.00

Please register me for the following session (s):

\_\_\_\_ March 13, 2019-payment due February 1, 2019

\_\_\_\_ June 5, 2019 – payment due May 1, 2019

\_\_\_\_ September 11, 2019 - payment due August 1, 2019

\_\_\_\_ November 6, 2019-payment due October 1, 2019

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



