

PAGE 1: ERBIUM LASER COURSE REGISTRATION FORM

Institute for Advanced Dental Education

Ultimate Laser Course Registration Form:

Please fax completed form to Lynn Feinstein, IADE Assistant Director:

Fax # 847.537.6758 Phone # 847.537.7695

Name _____

Address _____

City _____

State, Zip _____

E-mail _____

Phone _____

Cell Phone _____

Fax _____

Seminar Date: *(check one)*

___ Mar 4-5, 2012

___ Jun 22-23, 2012

___ Sep 9-10, 2012

LIMITED SPACE AVAILABLE:

Cancellation after 2 weeks before the course will result in 10% of fee forfeited.

Send check payable to: IADE, Ltd.

195 Arlington Hts. Road, Suite 150

Buffalo Grove, IL 60089

Questions: Call Lynn Feinstein,

Assistant Director at 847.537.7695

Laser Seminar Date: (_____)

- Course begins at 8:00 AM
- Erbium Laser Course Registration Fees*: \$2,500
- 2nd doctor from same practice: \$2,300.
One team member may attend per practice for \$695
- Fee includes Continental Breakfasts
- Fee includes Lunch
- Fee does NOT include transportation or lodging.

The closest airport is Ohare. The hotel accommodations is the Wyndam Garden Hotel which is located in the same business park as our office. They usually offered our participants a discounted rate. The number for the hotel is 847 215-8883, they are located at 900 W. Lake Cook Rd. in Buffalo Grove, IL. 60089.

PAGE 2: DIODE LASER COURSE REGISTRATION FORM

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Fax # 847.537.6758 Phone # 847.537.7695

Name _____

Address _____

City _____

State, Zip _____

E-mail _____

Phone _____

Cell Phone _____

Fax _____

Seminar Date: *(check one)*

___ Nov 18-19, 2012

LIMITED SPACE AVAILABLE:

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195 Arlington Hts. Road, Suite 150

Buffalo Grove, IL 60089

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