500 8th Avenue, Ste. 110
Fort Worth, Texas 76104
817-560-0414 office
843-283-7999 after hours
877-470-7344 fax

Course Registration Form

AMERICAN ACADEMY OF SMALL DIAMETER IMPLANTS

Personal Information

Name: _____
First Middle Last

DOB: ____/____/____ **State/Country of Licensure:** _____ **License Number:** _____

Gender: Male ❑ Female ❑ **Credentials:** ❑ DDS ❑ DMD ❑ Other _____

Course Information

Name of Course _____

Date of Course _____ **(this must be filled in for clarity)**

Primary Office Address

Street: _____ **State** _____ **Zip** _____

Country (if out of the US) _____ **Office Phone** _____

Alternative Phone _____ **Email** _____

Website Address _____

Do you practice at more than one location?: Yes ❑ No ❑

Note: The Academy never supplies telephone numbers or email addresses to any outside firm or organization.

Education

Dental School _____ **Degree** _____ **Date** _____

Graduate/Specialty Training (if any) _____

Cost/Payment: Cost/Doctor: $999 Cost/Staff $499

_____ Total Number of Docs _____ Total Number of Staff = _____ Total Fee

Credit card information for payment of dues and application fee is required when the membership application is submitted. Past members are not required to pay application fee when rejoining.

Check #_____ Credit Card (Check One): ❑ Visa ❑ MasterCard Expiration Date: _____/_____

Credit Card # __ __ __ __ --- __ __ __ __ --- __ __ __ __ --- __ __ __ __ Security Code: _____