AAID MaxiCourse®
PRACTICAL IMPLANT EDUCATION
BOSTON

Boston AAID MaxiCourse
2019-2020
REGISTRATION FORM

Participant name: _____ Degree/Year_____

Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Phone:_____ Fax: _____ Email:_____

I heard about this course from:

☐Colleague ☐Ad /Journal /Mailing ☐Website ☐Other_____

Course Dates:		MAXICOURSE FEE:
October 4-6, 2019	March 20-22, 2020	$16,000 before August 25th
November 22-24, 2019	April 24-26, 2020	$17,000 after August 25th
January 17-19, 2020	May 22-24, 2020	
February 21-23, 2020	June 19-21, 2020	

Visa/MasterCard: _____-_____-_____ Expiration Date ____/____ CVD Code _____

Cardholder Name _____ Signature_____

Billing Address (if different than above)

_____

I agree to pay the above Course Fee according to the card issuer agreement. Payment will be applied to the credit card provider upon registration. $2000 deposit is due at the time of registration. Remaining balance will be processed by September 1, 2019. Payment plan available- Please contact us for details.

Refund and Cancellation Policy: Cancelation made less than 2 months prior to the course and subject to a non-refundable deposit of $1000

Course Location:
Harvard Club of Boston
374 Commonwealth Avenue
Boston, MA 02115

Call, Fax or Email Registration to:
Phone: 315-922-2176
Fax: 315-733-1270

E·C·I·I
EAST COAST IMPLANT INSTITUTE
BRIAN J. JACKSON, DDS

PACE ACADEMY of GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

East Coast Implant Institute (ECII)
Nationally Approved PACE Program Provider for FAGD/MAGD credit
Approval does not imply acceptance by any regulatory or AGD endorsement
9/1/2018 to 8/31/2020
Provider#: 386576