



Misch International Implant Institute™

Newport Beach Program Application

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Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Country Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

College/University: \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

2008-9 day Newport Beach California Program
\*\*Attendance Limited\*\*

- S1 October 3-5, 08
S3 December 5-7, 08
S4 January 23-25, 09
(S2&S5 offered in MI only)

Surgical Program

Pay as you go

\$500 Deposit due with application
\$3,450 due 20 days prior to session 1
\$3,950 due 20 days prior to sessions 3/4

I agree to the financial agreement listed above

(name and date)

Reservations will not be held without payment.

One box above and each of the following statements below must be initialed to confirm your reservation.

I understand that all deposits are NON REFUNDABLE. Deposits can be transferred for up to 1 year after their receipt
This financial agreement applies to the program fees for the year 2008-09. If I change programs I may be subject to a rate increase.

Payments are due 20 days prior to the program. A late fee of \$100 will apply to all payments not received as noted in this agreement. All cancellations must be made in writing. Refunds will not be made if the cancellation is received less than 2 weeks prior to the program.

All Refunds will be issued by check only.

I understand the program dates are subject to change.

CC# (Visa/MC) \_\_\_\_\_ Exp. Date \_\_\_\_\_ SSC \_\_\_\_\_

Signature Date \_\_\_\_\_

I authorize the DEPOSIT ONLY be charged to my credit card.

I authorize all payments to be placed on my credit card (Visa/MC) (payments with permission will be charged 20 days prior to the session)

Official Disclaimer

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