

Misch International Implant Institute™

Program Application

16231 W. 14 Mile RD., Suite 100, Beverly Hills, MI 48025
Ph. 248-642-3199 Fax 248-642-3794 E-mail info@misch.com

Name: _____

Specialty: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip/Country Code _____

Phone #:(____) _____ Fax #:(____) _____

College/University: _____ Degree: _____ Year: _____

How did you hear about us? Dental Ad – Dr. Misch Lecture – Dentist – Sales Representative

Please List Referring Doctor or Sales Rep. Name: _____

How do you wish your name to appear on completion certificate?

Please check the dates you plan to attend

2009 - 9 day Prosthetic

- P1** July 17-19
- P2** September 25-27
- P3** November 6-8

12-Day Surgical Program

California

- S1** October 23-25 '09
- S2** December 11-13 '09
- S3** January 15-17 '10
- S4** March 12-14 '10

2010-15 day Surgical

- S1** February 5-7 (Orlando)
- S2** March 5-7 (Detroit)
- S3** May 21-23 (Detroit)
- S4** July 23-25 (Detroit)
- S5** October 15-17 (Detroit)

Adv. Bone Grafting**

- ABG** Nov. 20-22 '09
- ABG** Nov. 12-14 '10

Temple Hands-on 2009

Philadelphia

- T2** August 28-29
- T3** October 9-10

Soft Tissue Solutions

Hilton Head, SC

- STS** October 17-18 '09

Cadaver/Anatomy

- CAD** December 4-5 '09

25 credits per session will be awarded to the participating doctor upon completion of course requirements. The Misch International Implant Institute is an ADA CERP Recognized Provider Academy of General Dentistry, Approved PACE Program Provider, FAGD/MAGD Credit, 01/06-12/10

Neither the content of the program or the use of specific products in courses should be construed as indicating endorsement or approval of the views presented or the products used by the ADA-C.E.R.P. or AGD any of its perspective subsidiaries, councils or commissions. The views and opinions expressed during the presentation are not necessarily those of the University of Detroit-Mercy School of Dental Medicine.

Misch International Implant Institute™
 Payment Schedule Financial Agreement
 16231 West 14 Mile Rd, Suite 250, Beverly Hills, MI 48025
 Ph. 248-642-3199 Fax. 248-642-3794 – e-mail – info@misch.com

<p><u>SA1 Surgical Program (MICHIGAN)</u> <u>Prepayment of entire program</u> \$500 Deposit due with application \$15,500 due 20 days prior to course \$16,000 Total Program Fee I have chosen this option SA1 _____ Your Initials _____ <input type="checkbox"/> <i>have previously attended S1/P1</i></p>	<p><u>SA2 Surgical Program (MICHIGAN)</u> <u>Pay as you go</u> \$500 Deposit due with application \$2,500 due 20 days prior to S1 \$3,500 due 20 days prior to S2,S3,S4,S5 \$17,000 Total Program Fee I have chosen option SA2 _____ Your Initials _____</p>
--	---

<p><u>CALIFORNIA Surgical Program</u> \$500 Deposit due with application \$3,450 payment due 20 days prior to S1 \$3,950 due 20 days prior to S2, S3 & S4 \$15,800 Total Program Fee I have chosen CA Surg _____ Your Initials _____</p>	<p><u>TU Temple Hands on Surgical</u> \$500 Deposit due with application \$900 payment 20 days prior to TU to observe \$2,750 payment 20 days prior w/patient I have chosen TU _____ Your Initials _____</p>
--	--

<p><u>PA1 Prosthetic Program</u> <u>Prepayment of entire program</u> \$500 Deposit due with application \$8,500 payment due 20 days prior to P1 \$9,000 Total Program Fee I have chosen this option PA1 _____ Your Initials _____</p>	<p><u>PA2 Prosthetic Program</u> <u>Pay as you go</u> \$500 Deposit due with application \$2,500 due 20 days prior to session P1 \$3,250 due 20 days prior to P2 and P3 \$9,500 Total Program Fee I have chosen option PA2 _____ Your Initials _____</p>
---	---

<p><u>ABG Advanced Bone Grafting</u> \$500 Deposit due with application \$2,995 payment due 20 days prior to ABG \$3,500 Total Program Fee I have chosen ABG _____ Your Initials _____</p>	<p><u>CAD Cadaver/Anatomy</u> \$1200 Non-Refundable, Non-transferable deposit \$1795 payment due 20 days prior \$2995 total Program Fee I have chosen CAD _____ Your Initials _____</p>
---	--

Please enclose the following information with your application

Copy of your Dental License. Copy of your Malpractice Insurance.

\$500 deposit. Checks should be made payable to Misch International Implant Institute or provide credit card information.

_____ Check is attached # _____

_____ Card number: _____ (Visa MasterCard) Exp. Date: _____ VIN # _____

_____ I authorize the deposit ONLY to be charged to my credit card.

_____ I authorize all payments to be placed on my credit card (Payments w/permission will be charged 20 business days prior to the session)

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

_____ Refunds (minus the non-refundable deposit) are only issued by check and will be issued 45 days after the program.

_____ 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 2009-10. If I change programs I may be subject to a rate increase.

_____ Payments are due 20 business days prior to the program. A late fee of \$100 will apply to all payments made at the course.

_____ 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.

_____ I understand the program dates are subject to change.

Signature: _____ Date: _____