

The Chicago Southside Implant Institute
Prosthetic Workshop Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

The **\$995 tuition** for the Chicago Southside Implant Institute Prosthetic Workshop includes, course lecture, continental breakfast, lunch and course materials. Participation in the workshop requires a reservation. The total fees will be charged to your credit card. Cancellations made after May 25, 2006 may result in forfeiture of a portion of the tuition.

To register by phone, or if you have any questions regarding the workshop, please contact Loretta Adams at

1 – 773- 488- 3738

You may also fax the registration form to

1 – 773- 874- 6575

Please charge the above tuition(s) to the following credit card:

Visa MasterCard American Express

CC#: _____

Exp. Date: _____

Signature: _____

Name as it appears on the card: _____