



# REGISTRATION FORM



HSDM/MGH Continuing Education Series

*“Evidence Based Dentistry: Improving Quality and Outcomes of your Implant Practice”*  
September 23,24,25, 2011 at Mass General Hospital

**FAX this form to:** Attn: Suzanne Byrne, Dept of OMS +1 (617) 726-2814  
**OR Mail this form to:** MGH Department of Oral and Maxillofacial Surgery  
55 Fruit Street, Warren Bldg. Suite 1201  
Attention: Suzanne Byrne  
Boston, MA 02114 USA

Name (first, last) \_\_\_\_\_ Degree \_\_\_\_\_

Email address \_\_\_\_\_

Contact phone: \_\_\_\_\_ (circle one) cell home office

Institution and Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Tuition: \$1995.00 \$ 1995.00

Optional “Graduation Dinner” at Harvard Faculty Club (\$175 per person) \$ \_\_\_\_\_

Optional Translation \$125 Mandarin Spanish \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Payment: (circle one) Check - enclosed Master Card Visa

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Sec. Code \_\_\_\_\_

*Cancellation Policy: HSDM must be notified in writing of your intent to cancel by Aug 31, 2011 for full refund. After August 31<sup>st</sup>, cancellation will result in a \$100 processing fee.*

Is it OK to share your contact information with participants of this course?  Yes  No  
 I have read and understand the cancellation policy above.