

# DIA

## Dental Implantology Academy

### Postal/Fax Registration Form

**Postal Address:** P.O. Box 178 Malvern Vic 3144 Australia. **Fax No:** +61 3 9528 3761

**Course (circle one):**

Basic Implantology

Advanced Surgical Techniques

Sinus Lift Procedures

Bone Grafting Procedures

Implant Restoration Procedures

Infection Control

Date: \_\_\_\_\_

**Contact Details:**

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

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

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Mob: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**Method of Payment:**

Attached Cheque    Visa    MasterCard    Bankcard    (Circle one)

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

Card No: \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_

Amount: \$ \_\_\_\_\_ Signed: \_\_\_\_\_

Due to hands on content spaces are limited. Please reserve your spot well in advance. DIA cannot guarantee placement in your requested course. We will contact you at the time of registration if the course you requested is no longer available.

To cancel please notify DIA immediately. Cancellations made less than 5 business days prior to the course will be subject to an administration fee of \$250. Please allow four to six weeks for refunds. "No Shows" will not qualify for refunds.

The Dental Implantology Academy will not be responsible for any direct or indirect financial losses by the participant in the event of course cancellation.