

# Registration Form

## Registration Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_

Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address (required for confirmation) \_\_\_\_\_

I am a (an):  
 Oral Surgeon       Periodontist       Prosthodontist       Orthodontist  
 General Dentist       Endodontist       Other \_\_\_\_\_

I learned of this course by:  
 Brochure       Colleague       E-mail       Vendor  
 Lecture       Website       Article/Journal       Other \_\_\_\_\_

## Course Selection

Please register me for Partners in Synergy, June 20 - 22, 2019 in Orlando, Florida  
\$3500 Early registration prior to February 15, 2019 - (\$3950 after)

Optional Limited Attendance Sessions - June 23, 2019, 8am to 12pm - \$995

### Hands-On Grafting (Choose only one)

Michael A. Pikos, DDS - Alveolar Ridge Augmentation: Hands-On Bone Grafting

Maurice A. Salama, DMD - Critical Soft Tissue Techniques: A Hands-On Course

## Payment Information

Card Holder Name \_\_\_\_\_ Card Number \_\_\_\_\_

Card Type  MasterCard  Visa  Amex Security Code # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

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

If paying by credit card you can fax the Registration Form to: (727) 807-6033.

If paying by check, please make payable to: "Partners In Synergy" and mailed with this form to :

Partners in Synergy  
8740 Mitchell Blvd  
Trinity, Florida 34655  
(727) 781-0491

