



Misch International Implant Institute™

Program Application

16231 W. 14 Mile RD., Suite 250, 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

2008 - 9 day Prosthetic

Chicago

- P1 July 11-13
P2 September 12-14
P3 November 21-23

2009-9 day Prosthetic (MI)

- P1 February 6-8
P2 March 13-15
P3 April 17-19

2009-15 day Surgical (MI)

- S1 February 6-8
S2 March 6-8
S3 May 29-31
S4 July 31-Aug 2
S5 October 16-18

Adv. Bone Grafting**

- ABG Nov. 7-9 '08
ABG Nov. 20-22 '09

9 day Surgical Program

California

- S1 October 3-5 '08
S3 December 5-7 '08
S4 Jan 23-25 '09
**applicants able to complete sessions 2 & 5 in MI

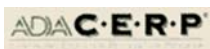
Temple Hands-on 2008

Philadelphia

- T2 September 26-27
T3 December 12-13

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
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<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 \$17,000 Total Program Fee I have chosen this option SA1 _____ <div style="text-align: right;">Your Initials</div> <input type="checkbox"/> <i>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 \$18,000 Total Program Fee I have chosen option SA2 _____ <div style="text-align: right;">Your Initials</div></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 S3 & S4 \$11,850 Total Program Fee I have chosen CA Surg _____ <div style="text-align: right;">Your Initials</div></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 _____ <div style="text-align: right;">Your Initials</div></p>
<p><u>PA1 Prosthetic Program</u> <u>Prepayment of entire program</u> \$500 Deposit due with application \$8,750 payment due 20 days prior to P1 \$9,250 Total Program Fee I have chosen this option PA1 _____ <div style="text-align: right;">Your Initials</div></p>	<p><u>PA2 Prosthetic Program</u> <u>Pay as you go</u> \$500 Deposit due with application \$2,250 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 _____ <div style="text-align: right;">Your Initials</div></p>
<p><u>ABG Advanced Bone Grafting</u> \$500 Deposit due with application \$2,995 payment due 20 days prior to ABG \$3,750 Total Program Fee I have chosen ABG _____ <div style="text-align: right;">Your Initials</div></p>	<p><u>P2/P3 (Previously Attended S1/P1)</u> \$500 Deposit due with application \$2750 payment due 20 days prior to P2 \$3250 payment due 20 days prior to P3 \$6500 total Program Fee I have chosen P2/P3 _____ <div style="text-align: right;">Your Initials</div></p>

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

_____ 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 2008-09. If I change programs I may be subject to a rate increase.

_____ Payments are due 20 days prior to the program. A late fee of \$100 will apply to all payments not received as noted in this agreement. 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.

_____ All Refunds will be issued by check only.

_____ I understand the program dates are subject to change.

Please enclose the following information with your application

- Copy of your Dental License.
 - Copy of Malpractice Insurance including dental implant coverage.
 - \$500 deposit. Please enclose a check made payable to the Misch International Implant Institute or provide credit card information.
- Check is attached # _____
 Card number: _____ Visa MasterCard
 Exp. Date: _____ VIN # _____
 Signature: _____
 I authorize the deposit ONLY to be charged to my credit card. _____
 I authorize all payments to be placed on my credit card (Visa/MC) _____ (Payments w/permission will be charged 20 days prior to the session)