



Misch Surgical & Prosthetic Programs

Ph. 248-642-3199 Fax 734-225-7506 E-mail info@misch.com

Name: _____ AGD# _____

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?

Check the Dates you Plan to Attend

2016/17 10 Day Surgical

***Newport Beach, CA ***

S1 September 23-24, 2016

S2 October 21-22, 2016

S3 December 2-3, 2016

S4 January 20-21, 2017

S5 March 3-4, 2017

2017 Day Surgical

***Orlando, FL ***

S1 February 24-25, 2017

S2 March 31-April 1, 2017

S3 May 19-20, 2017

S4 July 14-15, 2017

S5 Sept 15-16, 2017

2016/2017 Prosthetic Program

***Newport Beach, CA ***

P1 September 23-24, 2016

P2-P3 May 4-7, 2017

***Miami, FL ***

P2-P3 Sept 29-Oct 2, 2016

***Orlando, FL ***

P1 February 24-25, 2017



Graduates of these programs find their knowledge and skill level to be advanced by 5 years.

Surgical Program

\$500 Deposit due with application
 \$3,250 due 20 days prior to S1/P1
 \$3,750 due 20 days prior to S2,S3,S4,S5
\$18,750 Total Program Tuition _____
\$17,750 Total Prepayment option _____
 Your Initials

Prosthetic Program P2 & P3

\$ 1,500 Deposit due with application
 \$ 6,500 due 20 days prior to program
\$8,000 Total Tuition _____
 Your Initials

Returning Graduate Audit Fee For Each Course : \$2000

I have previously attended S1/P1

Please enclose the following information with your application

\$500 deposit. Checks should be made payable to Misch International Implant Institute

Check is attached # _____

Card number: _____ (Visa MasterCard) Exp. Date: _____ VIN # _____

_____ I authorize the deposit ONLY to be charged to my credit card.

_____ I authorize all payments to be placed on my credit card (Payments w/permission will be charged 20 days prior to the session)

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

_____ Refunds (minus the non-refundable deposit) are only issued by check and will be issued 45 days after the program.

_____ I understand that all deposits are NON REFUNDABLE. Deposits can be transferred for up to 1 year after their receipt

_____ I understand that all deposits are NON REFUNDABLE. Deposits can be transferred for up to 1 year after their receipt.

_____ Payments are due 20 business days prior to the program. A late fee of \$100 will apply to all payments made at the course.

_____ *All cancellations must be made in writing* . Refunds will not be made if the cancellation is received less than 3 weeks prior to the program. An administrative charge of \$150 is not refundable.

_____ I understand the program dates are subject to change.

Signature: _____ Date: _____

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 of General Dentistry, Approved PACE program provider, FAGD/MAGD credit 1/06 to 1/14. Neither the content of the program or the use of specific products in course should be indicating endorsement or approval of the view presented or the products by the ADA-CERP or AGD any of its perspective subsidiaries, councils or commissions.