

Registration Form				
Course	Date	HKSOI/APAD Member	Non-member	
<input type="checkbox"/> ADVANCED WORKSHOP 1 [AW0411] Clinical Evaluation & Treatment Planning / Record Keeping System / CT Interpretation & Surgical Guide	November 24, 2004 (Wednesday)	<input type="checkbox"/> HK\$2,850 / <input type="checkbox"/> US\$365	<input type="checkbox"/> HK\$3,150 / <input type="checkbox"/> US\$405	
<input type="checkbox"/> ADVANCED WORKSHOP 2 [AW0412] Guided Bone Regeneration / Bone Grafting Materials & Membranes	November 25, 2004 (Thursday)	<input type="checkbox"/> HK\$4,300 / <input type="checkbox"/> US\$550	<input type="checkbox"/> HK\$4,750 / <input type="checkbox"/> US\$610	
<input type="checkbox"/> ORAL IMPLANT CLINICAL ATTACHMENT & SEMINARS [AW0413]	November 26 - 28, 2004 (Friday - Sunday)	<input type="checkbox"/> HK\$2,700 / <input type="checkbox"/> US\$345	<input type="checkbox"/> HK\$3,000 / <input type="checkbox"/> US\$385	
		Total Amount	<input type="checkbox"/> HK\$ _____ <input type="checkbox"/> US\$ _____	<input type="checkbox"/> HK\$ _____ <input type="checkbox"/> US\$ _____

Payment Method			
Name :	Address :		
Phone :	Fax :	E-mail :	
<input type="checkbox"/> By Check (For Hong Kong Participants Only)	Please make payment to "IMPLANT RESOURCES CENTRE (FAR EAST) LIMITED"		
Bank	Check No.		
<input type="checkbox"/> American Express	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	
Cardholder's Name	Card Number	Expiry Date (mm / yy)	
Please return this form with your Visa / MasterCard card front and card back by Fax : (852) 2524 3557			
Signature		Application Date (dd / mm / yy)	
This order form is used currency Hong Kong Dollars only (Exchange Rate : US\$1 = HK\$7.8)			

IMPLANT RESOURCES CENTRE (FAR EAST) LTD.

Room 704-705A, Takshing House, 20 Des Voeux Road, Central, HK
 Tel : (852) 2522 4804 Fax : (852) 2524 3557 E-mail : info@implantcentre.com

ADVANCED CLINICAL COURSES IN ORAL IMPLANTOLOGY

