

Course Registration



Name _____

Specialty _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Fax _____

Email _____

Course Tuition

Total amount enclosed _____

Visa/MC/AmEx/Dis# _____
(Circle One)

Expiration date ____ / ____ / ____ CVV _____

Billing address _____

Name on card _____

Signature _____

- ☐ I give Dental Educators permission to charge (required) automatic payments for financing option to the above credit card.

Contact Information

Implant Educators Academy

4745 SW 148th Ave.

Suite 302

Davie, FL 33330

Tel: (954) 319-5606

Fax: (954) 206-2218

Email: courses@ImplantEducators.com

Web: www.implanteducators.com

Implant Educators Academy Tuition: \$16,500

- ☐ Check enclosed payable in US Dollars to **Dental Educators**.
☐ Charge my credit card in the amount of \$16,500.
☐ Financing option (Required Consent to Auto Charge):

Registration:	\$2,000	due upon registration
First installment:	\$3,625	due September 1, 2025
Second installment:	\$3,625	due October 1, 2025
Third installment:	\$3,625	due November 1, 2025
Fourth installment:	\$3,625	due December 1, 2025

Discounts:	\$1000	before July 1, 2025
	\$500	before August 1, 2025

- Catered Lunch provided.
- Merchant Services provided by Dental Educators

Corporate Sponsors

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130 CE Credit Hours

ADA CERP® | Continuing Education Recognition Program

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Cancellation Policy

Full refund will be given with written cancellation received no later than 30 days prior to course. A 10% fee will be charged after the 30 days.

Implant Educators has the right to modify the conference without prior notice and is not responsible for reimbursing prepaid (including non-refundable) customer travel costs.

Course Location

University of Florida's Dental Clinic

9200 113th Street North

Seminole, FL 33772



Implant Educators Graduation Class

