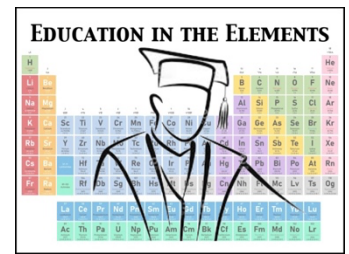


# Education in the Elements

## Mail-in Registration



Thank you for interest in attending the Education in the Digital Implant event. If you chose to register by mail or fax please print out the form and fill it out.

Once completed you can fax with Credit card information to 203-363-0080.

For those wishing to pay via check you can mail the form and a check payable to Dr. Peter Gardell to:

Dr Peter Gardell  
999 Summer Street  
Suite 106  
Stamford, CT 06905

Name:	
Address:	
eMail:	Contact #:
Credit card #:	
Name on Credit Card:	
Expiration date:	MM/YYYY Security Code:
<b>Course</b>	
Business of Dentistry	
Modern Dentistry in a Modern World	
Digital Implant Restorations	
Ceramic Artistry	
Direct Composites ( Anterior and Posterior)	
Course Location	
A representative will contact you prior to processing the order to finalize details	
Dietary Restrictions?	Please specify:

Prices are per person for the event.

A confirmation and receipt will be emailed out to you after processing.

Looking forward to having you join us at the event.