

# Wilckodontics® Certification/Licensure Seminar

**Fee:**

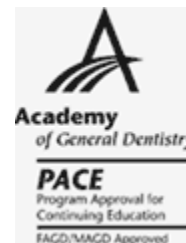
- Single rate - \$3,195 per dentist; \$295 per non-dentist auxiliary
- Group rate - \$2,495 each for two or more dentists
- Reduced rates available for graduate students and full-time faculty

**Fee includes:**

- Admission to all sessions
- Comprehensive course reference book for dentist
- Continental breakfast and luncheon each day

**Other benefits:**

- 16 CE credit hours
- Entitled to membership in Wilckodontics® Study Club
- Tax-deductible



*Academy of General Dentistry  
Approved PACE Program Provider  
FAGD/MAGD Credit  
04/02/1995 to 12/31/2008*

## REGISTRATION INFORMATION

*(Please print legibly)*

Course date: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Fee:**

- Dental Professional - \$3,195
- Group rate - \$2,495 Attending with Dr. \_\_\_\_\_
- Auxiliary - \$295 Name: \_\_\_\_\_
- Graduate student/Full-time faculty - \$\_\_\_\_\_ (Please call 1-800-268-6466 for rates.)

**Payment** *(\$500 down payment due at registration, balance due one month prior to course):*

- Check enclosed made payable to Wilckodontics, Inc.
- Credit card: *(please circle one)* Visa MasterCard American Express

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please...**

- Submit a registration form for each dental professional attending the course.
- Provide your complete mailing address, including country and postal codes.
- Fax the completed registration form to **1-814-864-1368**, or mail it along with payment to **Wilckodontics, Inc., 6066 Peach St., Erie PA 16509, USA**

For additional information, please call Denise Ryan at 1-800-268-6466, or 1-814-866-9896. Registration and continental breakfast begin at 7:30 AM. The program begins at 8:00 AM and ends at 5:00 PM each day.