The Foundation for Surgical Excellence (FSE) presents:

Hands-On Cadaver Course for Practical Oral, Implant, Periodontal & Endodontic Surgery



Contact Informatio	ON (Separate form re	quried for each p	aying attende	e)				
Title DDS	DDS DMD MD RDH C					☐ This is my first FSE Course		
First Name Last Name						Name f ● r badge		
Address						Suite, etc.		
City		State		ZIP Code		Country		
Phone Fax				Email Address				
AGD# (For C.E. Cre€it)								
Course Fees	On or	Before 10/	15/18 Aft	ter 10/1 5	5/18	Course Fee Ir	ncludes:	
Dentist (Private Praction Dentist (Past Attendee Resident/Student (Team Member * (Includes Military and pleas ID at registration) Payment Informat	\$3, 0 95 \$2,595 \$2,295 \$1,495		\$3,595 \$3, 0 95 \$2, 7 95 \$ 1,9 95		 Course Attendance limited to 28 highly motivated participants ONLY (no exceptions) Friday night cocktail reception Upto16 Hrs. CE - AGD Approved (upon documented attendance) 			
Payment Amount				Card Type	□ Visa	☐ Mastercard	☐ AmEx	☐ Discover
Card Number				Expirati • n Date (MM/YY)		Security C•de		
Signature								
By registering, I am apply Surgery taking place in L			inds-On Cada	ver Course f	for Practica	l Oral, Implant, Periodo	ontal & Endodon	tic
Accomodations								
Encore at Wynn Las Vegas				AMEDIC	2001	AMERICAN EX	PRESS TR	AVEL

Refunds/Cancellations

Reservation Code: LV2019

All refunds are subject to a \$50 administrative fee regardless of when requested or reason. Requests for refunds must be made in writing and received by 11/31/2018 for a full refund (less administrative fee). Between 11/31/2018 and 1/10/2019, a 50% refund (less administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be given after 1/10/2019.

Our exclusive Travel Partner