

BTI DAY- OCTOBER 14, 2017  
Dr. Eduardo Anitua  
The Diplomat Beach Resort - Hollywood, FL



# Registration Form

Registration Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_

Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Email Address *(required for confirmation)* \_\_\_\_\_

I am a (an):       General Dentist       Periodontist       Prosthodontist  
 Oral Surgeon       Endodontist       Orthodontist       Other \_\_\_\_\_

I learned of this event by:       Brochure       Colleague       Email       Tradeshow  
 Lecture       Website       Other \_\_\_\_\_

Payment Information (Registration Fee = \$295)

Card Holder Name \_\_\_\_\_ Card Number \_\_\_\_\_

Card Type     Visa     MasterCard     Amex    Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send the completed Registration Form to [info@bti-implant.us](mailto:info@bti-implant.us), or fax to (215) 646-4066  
A confirmation payment receipt will be sent via email.

*Cancellations must be made in writing 40 days prior to the event for full refund, after that date there will be a \$150 cancellation fee. A \$50 administrative fee will be charged for substituting a registrant.*