



## Professional Advancement and Instructor Seminars 2020

PLEASE TYPE OR PRINT CLEARLY

First/Given Name \_\_\_\_\_

Last Name/Surname \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

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

Phone + \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Fax + \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Member of Other Dental Associations \_\_\_\_\_

Dental School \_\_\_\_\_ Degree:  DDS  DMD  BDS  Other \_\_\_\_\_  
(Please check all that apply)

**Select Your Sessions; \$1,100.00/session or \$4,000.00 for entire course  
(attendees of all 4 sessions will receive Cephworx, worth \$1,495 for free)**

Session 1  May 15-16, 2020 Session 2  August 21-22, 2020 Session 3  November 6-7, 2020

Session 4  December 11-12, 2020

TOTAL DUE: USD \$1,100.00/session \_\_\_\_\_ or TOTAL DUE: USD \$4,000.00 for entire course \_\_\_\_\_

CASH  MASTERCARD  VISA  AMEX  DISCOVER  US MONEY ORDER/US CHECK

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**RETURN TO:**

INTERNATIONAL ASSOCIATION FOR ORTHODONTICS  
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Milwaukee, Wisconsin 53202 USA

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Website: [www.iaortho.org](http://www.iaortho.org) Email: [chris@iaortho.org](mailto:chris@iaortho.org)