

Please email the completed form to [nparlato@aol.com](mailto:nparlato@aol.com) or you may fax at 609-747-8493



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*Dr. Larry Rosenthal*

## 4th Annual Dental Extravaganza Registration Form

- Program:**
- Anterior Aesthetics
  - Dental Implants
  - High-tech Implementation
  - Personal Motivation
  - Social Media, Staying Connected and Integration of Technology
  - The Importance of Pre-Prosthetic Soft and Hard Tissue Management
  - Practice Management, Team Building and Leadership

**Date:** March 24-25, 2017

**Location:** NYU College of Dentistry, Septodont Lecture Hall, 345 East 24<sup>th</sup> Street, New York, NY 10010

**Doctor:** \_\_\_\_\_ **Dental License #:** \_\_\_\_\_ **AGD #** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

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

**Credit Card#:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Credit Card (please circle one)**

Amex

MC

Visa

**CVS#:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Signature of card holder:** \_\_\_\_\_

<b>TUITION:</b>	
<b>Doctors</b>	\$795.00 (Early enrollment discount prior to 2/1/2017)
<b>Staff or Dental Students</b>	\$99.00

I authorize Aesthetic Advantage, Inc. to charge my credit card the total tuition for the above program.

**Signature** \_\_\_\_\_

Please fax completed registration form to Nellie Parlato at 609-747-8493 and mail your original to the address above.

**Cancellation/Refund Policy** Tuition will be refunded (less deposit and \$200.00 administration fee) however you must provide us with 2 weeks' advance notice of cancellation.