

Registration Fax Form



Tel.: +1 (303) 268-5400 • Fax: +1 (303) 268-5407 • E-Mail: info@meisingerusa.com

*Hereby I apply bindingly for the High Altitude Bone Management Winter Camp taking place in Jackson Hole, Wyoming, from March 7th - 10th, 2012.

DDS DMD MD

• First Name*

• Last Name*

• Practice Address*

• City/State* /

• Unit/Suite • Billing Zip Code*

• Phone Number (Office)*

• Phone Number (Cell)

• Fax

• E-Mail*

I approve that the amount listed be charged to my credit card to be applied as a deposit towards my complete course costs. I will be invoiced for the remainder of the course fees and additional charges as may arise (workshops, room upgrades, special arrangements).

One form must be submitted for each registrant.

If I choose to pay only the deposit at this time, I understand that the remainder is **due on or before December 31st, 2011**. Failure to pay when due may result in forfeiture of my deposit and course attendance.

A non-refundable fee of \$500.00 is required to reserve your conference attendance.

Additional information will be sent after registration has been accepted.

Additional Hotel Nights:

We have negotiated special rates for 3 days prior to the course beginning and 3 days after the course ends. The additional nights are the sole responsibility of the attendee and their guests and are NOT part of any offered package.

For additional information, please speak directly with a Meisinger representative.

Course fees:

Qty: _____

Option 1 **\$ 1,595⁰⁰** Total:(from left) _____

Option 2 **\$ 2,995⁰⁰** Total:(from left) _____

Option 3 **\$ 3,195⁰⁰** Total:(from left) _____

Pre-Symposium Workshops (Wed., March 7th):

Pre-Symposium Workshops are limited to the first 25 registrants per workshop.

CBCT Hand-on (2-5pm) **\$ 95⁰⁰** Total:(from left) _____

Soft Tissue Grafting (2-5pm) **\$ 125⁰⁰** Total:(from left) _____

Main Hands-on Workshop (Thurs., March 8th & Fri., March 9th):

Main Hands-on Workshops are limited to the first 50 registrants per workshop.

Ridge Expansion (Thurs.) **\$ 49⁹⁵** Total:(from left) _____

Block & Sinus Grafting (Fri.) **\$ 49⁹⁵** Total:(from left) _____

Ski Race (Sat., March 10th)

Ski Race **\$ 20⁰⁰** Total:(from left) _____

Closing Dinner (Evening of March 10th):

(included in options 2 and 3)

Price Per Person

Person over 18 **\$ 150⁰⁰** Total:(from left) _____

Person under 18 **\$ 85⁰⁰** Total:(from left) _____

Sub-Total:(from above) _____

Misc. Charges: _____

Total:(from above) _____

Closing Dinner additional guest(s) information

Number of additional guests

• Additional guest name

• Additional guest name

Banking Information

MasterCard Visa American Express

• Deposit \$ 500⁰⁰ or Process full payment (total from above)

• Credit card number

• CCV • Expiry date

• Signature* _____



*Denotes Required Field