

The Annual Implant Dentistry Study Club
LLU/AAID Maxi-Course

Registration

Name _____
Degree _____
License Number _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Email _____
Card Number _____
Expiration Date _____ CVS _____

<p><u>TB</u> <u>HEPATITIS</u> <u>CPR</u> <u>Dental License #</u></p> <p><input type="checkbox"/> TB skin tests – no more than 2 years old <input type="checkbox"/> Chest X-rays – no more than 2 years old <input type="checkbox"/> Hepatitis – Current Titer no more than 1 year old <input type="checkbox"/> CPR and Dental License must be current</p> <p>Copies must be submitted to Continuing Dental Education prior to the start of the course.</p>
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Please make checks payable to: Loma Linda University

Continuing Dental Education
11245 Anderson St., Suite 120
Loma Linda, CA 92350
Tel: 909-558-4685
Fax: 909-558-4858