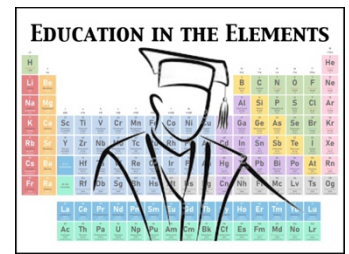


# Education in the Elements

## Digital Implant Restorations



### Mail in Registration Form

Thank you for interest in attending the Education in the Digital Implant event. Please feel free to fill out this form. Once completed you can fax with Credit card information to 203-363-0080.

For those wishing to pay via check you can mail the form and a check payable to Peter Gardell to:

Dr Peter Gardell  
 999 Summer Street  
 Suite 106  
 Stamford, CT 06905

Name:	
Address:	
eMail:	Contact #:
Credit card #:	
Name on Credit Card:	
Expiration date:	MM/YYYY Security Code:
Digital Implant Restorations	\$850.00
Event:	Feb 10 2023- Wakefield, Ma <input type="checkbox"/>
	March 31 2023- Bangor, Me <input type="checkbox"/>
<input type="checkbox"/> Please Check one	
Dietary Restrictions?	Please specify:

Prices are per person for the event.

A confirmation and receipt will be emailed out to you after processing.

Looking forward to having you join us at the event