

## **Tamimi Academy**

# American Contemporary Oral Implantology Program(ACOIP)

### **Registration Form**

Personal Details:					
Full Name:					
Occupation:					
Gender	Male	Fe	emale		
Nationality					
Street Address:					
City:	Postal Code			Country:	
Phone Number:		E	mail:		
Country code	Phone No.				
Qualifications:					
				V	
Initial Dentistry Degree:				Year of Graduation:	
Name of University:	1			Country of Graduation:	
Upload a copy of your initia	al certificate:				
Specialty Certificates (if av	<u>/ailable)</u>				
Specialty Dentistry Degree	<b>)</b> :			Year of Graduation:	
Name of University:				Country of Graduation:	
Upload a copy of your Specialty certificate:					
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Are you a CROL contilled		•			
Are you a GBOI certified?  For GBOI certified, Certification No.  Date of GBOI certification:					
				Date of GBOI certification:	
Upload a copy of your GB	Oi ceruncate:				
How did you hear about us	s?				

### **Disclaimer:**

- Payments must be in U.S. Dollars can be paid Online, Money Transfer or Checks.
- I am submitting my binding application concerning the participation in the above mentioned education in Oral Surgery/ Implantology
- I am aware that there are Additional Fees to be paid for the clinical cases of the Training Program and that neither the cost of implants and prosthesis nor Supervision costs are included in the module fee.
- The legal and Contractual Regulations detailed in the Program Brochure become the basis of this Application and as such are an integral part of the contract. With regard to course topics, the issues detailed in the program brochure are considered as agreed between the concerned parties. However, it must be noted again that changes and amendments beyond the scope shown there in can be made at the sole discretion of the Organizers.
- The organizer has the right to reschedule the module in case the minimum number of participants not achieved, then it will be the choice of the participant to refund or reschedule.
- I will submit my qualification in English translation to the Board of Directors.

#### **Notes:**

**Date** 

- Total fees of 10 Modules is 10,000 US\$
- Down payment Fee is 1,000US\$
- The remaining balance of the course (9,000 US\$) can be paid by installments (1,000 US\$ has to be paid 2 weeks prior each module).

☐ I certify that I have read and under	rstand the above and that the	e information given on this form is accurate.
Full Name		
Signature		