

**“CONFIDENCE WITH IMPLANT DENTISTRY:  
EVERYDAY TREATMENT PLANNING DECISIONS”**

Ed McGlumphy, DDS, MS  
Professor of Restorative and Prosthetic Dentistry  
The Ohio State University  
Columbus, OH

**Sponsors**

Athens Dental Implant Center  
Zimmer Dental, Inc.

**Friday, January 27, 2012 (8:00 AM – 3:00 PM)**  
2000 Prince Avenue, Athens, Georgia

**SEMINAR REGISTRATION**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Attendance is limited and registration is on a first come, first serve basis.**

\_\_\_\_\_ I **plan** to attend lunch at the Athens Country Club (**no additional charge**)

\_\_\_\_\_ I **DO NOT plan** to attend lunch at the Athens Country Club

Check for \$120.00 enclosed payable to: Athens Dental Implant Center

Refunds/Cancellations: There will be a \$20.00 Administration Fee for Cancellations.  
Cancellations must be received no later than Tuesday, January 24, 2012

I wish to charge my tuition in the amount of \$120.00 to the following credit card:

\_\_\_\_\_ **Visa**                      \_\_\_\_\_ **Mastercard**

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Please return registration by January 13, 2012 or register online at [www.athensoms.com/ce](http://www.athensoms.com/ce)**

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