

2010 Membership Form


Thank you for your interest in the 2010 Season of the Michigan Implant Study Club.

The 2010 lineup promises to be incredibly interesting and informative and jam packed with continuing education. Our 2010 Kick-off Meeting is scheduled for Friday, January 29, 2010 featuring Canadian duo Periodontist, Dr. Sonia Leziy and Prosthodontist, Dr. Brahm Miller. This full day, 6 CEU class, ***A Surgical and Restorative Blueprint for Ideal Implant Esthetics*** will be held at the VisTaTech Center at Schoolcraft College in Livonia and will include a continental breakfast, lunch and an afternoon snack. It is a day you won't want to miss.

Your membership also includes a presence for your practice on our newly developed Michigan Implant Study Club Website which will soon be live at www.michiganimplantstudyclub.com. This highly-interactive website will be a great resource on all topics related to not only periodontics and dental implants, but many other relevant topics. You will be able to participate in discussion board topics, read daily blog posts, learn about interesting "Cases of the Month" and participate in Q & A sessions. This website will also be linked to one of NobelBiocare's newest software platforms which will enable you to interact with our specialists and your lab during every step of your patient's case safely and confidentially.

Dues for the 2010 season are \$300.00. That fee includes the Kick-off Meeting (a \$225.00 value) as well as 4-5 evening events with podium speakers (2CEU) throughout the year. You will also be invited to a variety of "hands-on" workshops over the course of the 2010 season.

Don't miss out on a minute of this fantastic season! Renew your membership or join today.

 Detach here and mail or fax to Jodi

Name _____ DDS, DMD, Other _____

Practice Name _____ email _____

Address _____ City, State _____ Zip _____

Phone Number _____ Fax Number _____

Checks can be made payable to *The Michigan Implant Study Club* or Visa, Mastercard, Discover, Amex also accepted.

Credit Card Authorization

I agree to allow Joseph R. Nemeth, DDS & Associates to charge \$300.00 to the card below for 2010 Implant Study Club Dues.

Credit Card Type _____ Name on Card _____

Card Number _____ Exp Date _____ CVV _____

Signature of Cardholder _____

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