



BICON INSTITUTE

REGISTRATION FORM



REGISTER ONLINE
www.bicon.com/edu



REGISTER BY FAX
800.28.BICON or
617.524.0096



REGISTER BY MAIL
501 Arborway
Boston, MA 02130



CONTACT US
800.88.BICON
education@bicon.com

COURSE TITLE _____ COURSE CODE _____ DATE OF COURSE _____

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NAME _____

Will you require a hotel reservation? YES NO

SPECIALTY _____

DATE OF ARRIVAL _____ DATE OF DEPARTURE _____

DENTAL LICENSE NUMBER _____

- The tuition fee is per person, non-negotiable and non-transferable.
- Registration will be considered complete once payment is made in full.
- Due to limited class size, early registration is encouraged.
- Refunds will not be made within one month prior to the course.
- For the Cartagena Surgical Course, a non-refundable deposit of \$1,400.00 is required with the application. Balance is due one month prior to departure.
- In the unlikely event of course cancellation, Bicon is not responsible for travel expenditures.
- Tuition does not include travel expenses or hotel accommodations.
- For travel related services, please contact Millbrook Travel by email millbrooktravel@outlook.com or phone (508) 846-1997.

ADDRESS _____

ADDRESS _____

CITY _____ STATE / PROVINCE (if applicable) _____

ZIP _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL _____

PROMO CODE _____

Method of Payment: VISA MasterCard AMEX Check

Check Amount \$ _____ (Make checks payable to Bicon in USD only)

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

NAME OF CARDHOLDER _____ SIGNATURE OF CARDHOLDER _____

I authorize Bicon to photograph me during the course(s). I understand that these images may be used for educational purposes, publications, brochures, and/or the Bicon website. I understand the photos will not be used in a manner that may be deemed inappropriate.

I understand that if I practice in a country where Bicon has a distributor, then I shall purchase all Bicon products from that representative and not from the Bicon office in Boston.

I hereby agree to the terms and understand the conditions listed above.

SIGNATURE _____ DATE _____