



ISMR 2010 Italy – Conference Workshop Reservation Form  
Print, complete this Workshop registration form and FAX to ISMR administration office  
Fax Number: 1 (858) 272-7687

ISMR Workshops, Saturday, May 22, 2010 14:00-17:00

Elective Concurrent Workshops *(select one)*  
See full descriptions on ISMR web site: [www.ismr-org.com](http://www.ismr-org.com)

- Industry Workshop #1- Southern Implants**  
*Maxillofacial Implants- Does the Implant System Matter?*
- Industry Workshop #2- Piezoelectric Surgery**  
*Piezosurgery for Dental as well as Oral and Maxillofacial Surgery Applications*
- CE Workshop #3- Clinical Research Design: Considerations for Outcomes of Maxillofacial Rehabilitation**
- CE Workshop #4- Medical Modeling in Your Daily Practice What You Need to Know**
- CE Workshop #5- Predictable Osseointegration for Immediately Loaded Implants in Full-Arch Treatment. Surgical, Prosthetic and Laboratory Guidelines**

*Print with large letters and very clearly*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Price: \$35/ per person if registered by May 7<sup>th</sup> *(Fees increase to \$50 after May 8<sup>th</sup>)*

Total Amount: \$ \_\_\_\_\_

### Payment

Credit Card Number: \_\_\_\_\_ CVV Number: \_\_\_\_\_  
*3 digit number on back of card*

Name on Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ **\*Required to receive confirmation**