

150 Hours Certificate Implant Course
-By “Smile USA ®”
The Center for Educational Excellence

Passport
Size
Photo

Name _____

(Enter your name as you would like it to appear on your Course Completion Certificate)

Age _____ Male Female

Address : _____

Dental Council Registration No. _____

Country of Registration _____

Clinic Phone _____ Res. Phone _____

Mobile _____ Fax _____ Email _____

Payment Details

AAID fee Payment Details (USD\$ 4,500): Payment to be made in favor of “Smile USA” by way of a

Dollar Demand Draft / Banker’s Cheque payable at New Jersey, USA or by wire:

Account No : 20000 3904 6509 Name of Bank : Wells Fargo

Address of Bank : 141 Elmora Ave, Elizabeth, NJ 07202.

Swift Code : PNBPUS33 ABA# : 031201467

Mode of payment _____ Date _____

Details _____

PIDC fee Payment Details (RM3500): Payment to be made in favor of “VIS Professional Portfolio S/B” by way of a Demand Draft payable at Butterworth, Penang or through telegraphic transfer to AMBank (M) Berhad account of “VIS Professional Portfolio S/B, A/C No: 232-201-200021-2”.

Mode of payment _____ Date _____

Details _____

I acknowledge that I have made myself aware of all the terms and conditions and disclaimers listed in the [website: www.smileusa.com](http://www.smileusa.com) / www.pidc.edu.my/implantcourse

Signature _____