



## ISS IMPLANT SUPPORT SERVICES CC

REGISTRATION NUMBER: 2000/046671/23 | VAT NUMBER: 4450191285

ADDRESS: PO BOX 8734, CENTURION, 0046

TEL PRETORIA: 012 665 4631 | TEL CAPE TOWN: 021 851 4875 | FAX: 012 665 0631

# REGISTRATION FORM FOR NOVABONE HANDS-ON CAPE TOWN

"Bone Regeneration in the Posterior Maxilla" Lecture and Hands-on presented by Dr. Udatta Kher.  
Cape Town, Wednesday, 7 November

PLEASE NOTE THAT WE REQUIRE PROOF OF PAYMENT IN ORDER TO SECURE YOUR ATTENDANCE.

### Personal Details:

Surname:

First Name:

DP No:

Initials:

Title:

Name of practice / academic institution:

Postal Address:

Code:

Telephone No:

Email Address:

Special dietary requirements:

Please indicate Registration option with an "x"

R1 000.00

Morning lecture only, includes tea and lunch.

R2 000.00

Morning lecture and afternoon Hands-on, includes tea and lunch. Limited to 20 participants.

Please send your completed form to Charlene by email: [charlene@implant.co.za](mailto:charlene@implant.co.za) or fax: 021 851 4873.

**REGISTRATION CLOSING WEDNESDAY 31 OCTOBER 2018.**

**BANK ACCOUNT DETAILS - Please use your surname and CT as your payment reference.**

Investec Bank Limited | Branch: 100 Grayston Drive, Sandton | Branch Code: 58 01 05

Current Account | Account Name ISS Implant Support Services CC | Account Number 10012166392

Signed at:

on this

day of

20

# NOVABONE®

Presented by Dr. Udatta Kher, BDS, MDS and NovaBone  
**BONE REGENERATION IN THE POSTERIOR MAXILLA**  
CPD POINTS WILL BE APPLIED FOR

Wednesday, 7 November  
Lecture & hands-on in Cape Town