



Implant Team Academy
PO Box 6141
Chapel Street North
South Yarra VIC 3141

ITA REGISTRATION FORM

Welcome to the ITA.

Before completing this form, please refer to the full **ITA Clinical Training Program Brochure** for details about the training programs and ensure that you comply with the pre-requisites for your selected module. Please refer to the **ITA Program Schedule** for dates for non-clinical Sections A & B of the 2007 ITA Training Program. Clinical Sections C & D of the program will be scheduled by individual arrangement.

You may enrol in one of three ways:

1. INTERNET

The simplest way to register to the program or make bookings for treatment at an ITA facility is via the internet:

www.implantteam.com.au

2. FAX

Please follow the instructions to complete the attached enrolment form and the "About You" questionnaire. Fax both forms to:

03 9804 8053

3. POST

Please follow the instructions to complete the attached enrolment form and the "About You" questionnaire. Post both forms with payment to:

**Implant Team Academy
PO Box 6141
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Attendance is limited and it is recommended that you book well in advance to avoid disappointment. Enrolments by fax or post are subject to availability. You will receive confirmation of the status of your enrolment.

We look forward to an exciting year and providing you with an appropriate platform to integrate your acquired knowledge and skills into clinical practice in implant dentistry.

Implant Team Academy
From Knowledge to Clinical Practise™

INSTRUCTIONS

Step 1. From the **ITA Clinical Training Program Brochure** select your **Training Module**. Please ensure that you comply with any pre-requisites noted.

Step 2. From the **ITA Program Schedule**, enter the required **City & Group Codes** for your selected module corresponding to your preferred dates. Group Codes are the numbers within the coloured boxes. You may attend a Section A program in any city indicated on the master schedule. Section B may only be enrolled to in the city you practice due to a clinical follow-on. Enter both Section A & Section B codes as noted below.

Step 3. Please complete and **fax** or **post** this page as per instructions on previous page, together with the attached **About You** form and your LIVE SURGERY selection.

SECTION A

Selected City Code

Group Code

SECTION B

Practice City Code

Group Code

PROGRAM

PLEASE SELECT

MODULE 1 ESSENTIALS OF DENTAL IMPLANTS & IMPLANT RESTORATIVE TRAINING

Level 1 Restorative: Unitary Cases @ \$ 880

Level 2 Restorative: Full Arch & Overdentures @ \$ 880

Level 1&2 Restorative: Combined @ \$ 1,110

MODULE 2 CLINICAL TRAINING IN IMPLANT SURGERY

Level 1 Surgical: Basic Implant Surgery @ \$ 980

Level 2 Surgical: Intermediate Implant Surgery @ \$ 2,120

MODULE 3 ADVANCED IMPLANT SURGERY & IMMEDIATE LOADING @ \$ 2,300

MODULE 4 GRAFTING TECHNIQUES FOR DENTAL IMPLANTS @ \$ 980

4th and 5th Year Undergraduate Program @ - \$ 500

1st Year Graduate @ - \$ 200

1st Assistant @ \$ 30

Subsequent Assistants @ \$ 110

1st Year Discounted Membership to ICOI
(Includes Subscription to Implant Dentistry Journal) @ \$ 110

REGISTER ONLINE!

www.implantteam.com.au

TOTAL \$

Name Phone

Address Fax

P/Code Mobile

Assistant's Name Email

Method of payment Cheque Amex Visa Mastercard Diners Amount: \$

Card Number: Expiry Date /

Please make cheques payable to Implant Team Academy

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ABOUT YOU

NAME

TYPE OF PRACTICE

YEARS IN PRACTICE

EXPERIENCE

Yes No If yes, please give details

Do you have implant restorative experience?

Do you have implant surgical experience?

Do you perform bone grafting?

Do you perform soft tissue grafting?

Do you use Osteotomes?

Do you perform Caldwell Luc Lateral Anterostomy Sinus Lifts and subantral grafts?

Do you have experience with immediate loading?

Have you placed implants in fresh extraction sockets?

Do you perform other surgery such as removal of impacted 8's?

Do you have General Anaesthetic experience?

TRAINING

Please give details if you've had any general didactic implant training

Please give details if you've had specific implant RESTORATIVE training

Please give details if you've had specific implant SURGICAL training

Please give details if you've had GRAFTING or advanced training

LIVE SURGERY SELECTION

For members of ITA or candidates registered to any of the mentor programs

Please select 4 options by numbering in order of preference

Implant Restorative Procedures

Implant Surgery (Partially Edentulous)

Implant Placement using Ridge Expansion Osteotomy

Implant Placement in Fresh Extraction Sockets

Single Implant Surgery in the Aesthetic Zone

Implant Surgery (Fully Edentulous)

Computer- Assisted Guided Surgery with NobelGuide

Immediate Loading

Caldwell Luc Sinus Grafts

Piezosurgery & Platelet Rich Plasma

Soft Tissue manipulation & Grafting

Bone Grafting - Onlay Grafting

General Anaesthetic Procedures

All-On-4

Other: