



Jin S. Song, D.D.S., A Professional Corporation
ORTHODONTIC TMJ & dentofacial ORTHOPEDICS
 2529 Windward Way
 Chula Vista, CA 91914

Phone: (619) 656-4646
 Fax: (619) 656-0196
 JinSongDDS.com

Orthodontic Education

CONTINUUM

2012 CHICAGO Ortho-Success LEVEL I Beginner Series

The Ortho-Success LEVEL I Series is a comprehensive, accelerated course with hands-on lab exercises, designed for the General Dentist and Pedodontist who would like to integrate orthodontics into his practice.



Dr. Jin S. Song, D.D.S.
 Program Director of the Orthodontic Education Continuum,
 practicing orthodontics exclusively since 1996, and Certified Instructor
 of the International Association for Orthodontics

- Session #1: November 9-10, 2012 (Fri-Sat)**
- Session #2: January 11-12, 2013 (Fri-Sat)**
- Session #3: February 8-9, 2013 (Fri-Sat)**

LOCATION:

Henry Schein: 501 W. Lake St. #108, Elmhurst, IL 60126

TUITION:



4 Tuition Installments of \$800 (Total Tuition of \$3200, 1st installment due by October 17th 2012)

- OR -



Register & Pay in Full by October 17th ONLY \$2900 (Non-Doctor Staff Tuition \$395)
Tuition is Tax Deductible. CE credits provided

REGISTRATION FORM

CALL: 619-656-4646 **FAX:** 619-656-0196 **MAIL:** 2529 Windward Way, Chula Vista, CA, 91914

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ **AGD Member #**

Please charge my credit card as indicated above. Full refund if written notice (via email to Trina@JinSongDDS.com) is received by October 26th, 2011.

Cancellations made are subject to a \$100 processing fee. There is no refund for "no-shows".

VISA M/C DISCOVER AMEX CARD # _____ Exp. Date: _____

Total Amount: _____ Signature: _____

Please make checks payable to: **Jin S. Song, D.D.S.**



Approved PACE Program Provider FAGD/MAGD
 Credit #311280
 Approval does not imply acceptance by a state or
 provincial board of dentistry or AGD endorsement.
 October 1, 2009 to September 30, 2012

Dental Board of California Provider ID #RP4610

FOR OFFICE USE ONLY:

DB _____	LED _____
LST _____	CON _____
NB _____	CE _____

*Financial consideration provided by Ortho Organizers