

# 2021 Chicago Summer SYMPOSIUM



## JUNE 5-6, 2021

PRE-SYMPOSIUM JUNE 4th

POST-SYMPOSIUM JUNE 6th

### FRIDAY - JUNE 4, 2021 - PRE-SYMPOSIUM



8:30am - 4:30pm

**All About CBCT**

Lisa Dunn



8:30am - 5:00pm

**Crown Lengthening with Workshop**

Dr. James Kohner



8:30am - 4:30pm

**A Team Driven Blueprint For  
Delivering More Advanced Dentistry**

Dr. Chris Griffin

### SAT/SUN - JUNE 5-6, 2021 - SYMPOSIUM



Dr. Chris Griffin

**Team Management**



Lisa Dunn

**CBCT: What's New & True for  
Our Patients**



Kara Moncrief

**Facial Rejuvenation with Radio  
Frequency, IPL and Laser  
Technologies in the Dental Practice**



Dr. Keith Jeffords

**What Dentists Should Know About  
Plastic Surgery**



Mike Buckner

**Leveraging Technology to Increase  
Case Acceptance**

And Many More!

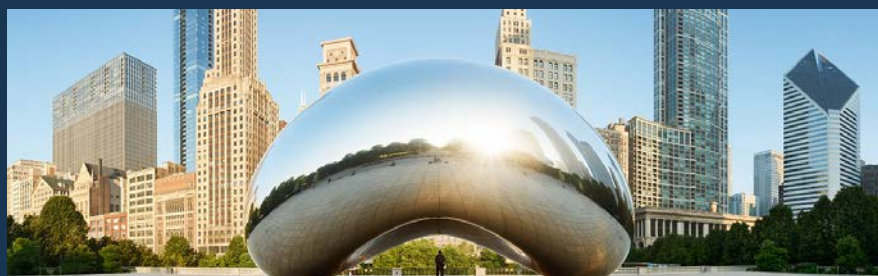
### SUNDAY - JUNE 6, 2021 - POST-SYMPOSIUM



8:00am - 3:30pm

**Autologous Blood Concentrates -  
Phlebotomy & PRP**

Cathie Ellyn, RN



**REGISTER TODAY:**

305-586-1669 | [admin@internationaldentalimplantassociation.com](mailto:admin@internationaldentalimplantassociation.com) | [www.idiadental.com](http://www.idiadental.com)



## SYMPOSIUM REGISTRATION

### Symposium Registration

- Non-Members \$795     Members \$595     Staff \$195
- Awards Ceremony (Black Tie Event)\_\_\_\_\_ \$120 pp  
Saturday, June 5, 2021 Time: 7:00pm - 11:00pm Total attending dinner:\_\_\_\_\_

### Pre-Symposium & Post-Symposium Courses

- All about CBCT – June 4, 2021 \$595 Doctor/Staff
- A Team-Driven Blueprint for Delivering More Advanced Dentistry – June 4, 2021 \$595 Doctor/ \$195 Staff
- Crown Lengthening with Workshop – June 4, 2021 \$995 Doctor
- Autologous Blood Concentrates course (PRP) – June 6, 2021 \$1095 Doctor/ \$595 Staff

### Name

Full Name \_\_\_\_\_  
AGD Number (if applicable) \_\_\_\_\_

### Billing Address

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_

### Payment Information

*Please complete the following information*

Total to be charged on credit card: \_\_\_\_\_  VISA®     MasterCard®     American Express®     Discover®  
Name on Card \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CVV# \_\_\_\_\_ ZIP \_\_\_\_\_

## INTERNATIONAL DENTAL IMPLANT ASSOCIATION

admin@internationaldentalimplantassociation.com  
17501 Biscayne Boulevard, Suite 600  
North Miami Beach, FL 33160  
Office 305-586-1669 Fax 305.944.3046