

aligner⁺

EDUCATION + MENTORING

ENROLLMENT FORM ALIGNERS+ AMSTERDAM

STUDENT INFO

First Name: _____ Last Name: _____

BIG nr: (Dutch Dentist) _____ POS Graduate / Student? YES NO (Please indicate with X)

BILLING ADDRESS

(Practice) Name: _____

(Practice) Address: _____

Zip Code: _____ Country: _____

Phone number: _____

Email address: _____

Experience with aligners (how many cases if any have you done)

How you heard about POS? (Please indicate with X your answer below)

- Referred by Doctor: (Name doctor please) _____
- POS Brochure
- Straumann representative (Name Representative please) _____
- Internet Search
- Otherwise: _____

Signing this enrollment form I Register for the following Seminars:

Seminar 1: 10-21 February 2023

Seminar 2: 24-26 March 2023

Seminar 3: 14-16 April 2023

Seminar 4: 19-21 May 2023

Student Signature
