

# THE VASSOS CLINIC

213 Le Marchand Mansion, 11523 100 Avenue,  
Edmonton, Alberta, Canada T5K 0J8  
Tel: (780) 488-1240 Fax: (780) 488-2798

## COURSE REGISTRATION FORM

Name: \_\_\_\_\_

Office address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Course date: \_\_\_\_\_ Course fee: **\$2,000**

Visa/MasterCard #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

The answers submitted in this questionnaire enable Dr. Vassos to ensure you get the most out of the upcoming surgical course by customizing the course content. This questionnaire covers all attendees from the basic to the advanced surgical courses, as such; some of the questions will have no answer at this time. THANK YOU!

- 1) Implant system used: \_\_\_\_\_
- 2) Number of implants you have placed: \_\_\_\_\_
- 3) Number of immediate loaded implants placed: \_\_\_\_\_
- 4) Type of bone grafting material used: \_\_\_\_\_
- 5) Number of sinus elevations: \_\_\_\_\_
- 6) Number of sinus buttresses: \_\_\_\_\_
- 7) Number of sinus tear repairs: \_\_\_\_\_
- 8) Number of block grafts: \_\_\_\_\_
- 9) Number of ridge splits: \_\_\_\_\_
- 10) Number of Titanium mesh ridge augmentations: \_\_\_\_\_
- 11) Number of Dolder bars: \_\_\_\_\_
- 12) Number of nerve repositions: \_\_\_\_\_
- 13) Number of full arch implant cases: \_\_\_\_\_

Please circle if you will still be in Edmonton on Friday evening for supper: YES NO

Please advise us of your areas of interest and any procedures in particular you would be interested in observing:

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Please return by fax to (780) 488-2798 or E-mail: [rosanna@dmvassos.com](mailto:rosanna@dmvassos.com)