MidMaxiCourse®
PRACTICAL IMPLANT EDUCATION
Oklahoma City

APPLICATION FORM

DENTIST PERSONAL INFORMATION		
Name:		
☐ DDS ☐ DMD	University:	
☐ Post Grad:	University:	
Address:		
City:	State & Zip Code:	
Phone:	State & License:	
E-mail:		
Date of Birth:	NPI:	
☐ Male ☐ Female	Scrub Top Size:	Glove Size:
Allergies:		
☐ Dentist ☐ Active Military ☐ OUCOD 4th Year		

PRACTICE INFORMATION *for contact purposes only*	
Practice Name:	
Address:	
City:	State & Zip Code:
E-mail:	
Practice Contact Individual:	Phone:

COURSE SCHEDULE
My signature below indicates I am making an application with the understanding that my commitment to attendance is vital.

TUITION
I have reviewed the tuition levels, discounts, deposit, and payment options to understand my financial obligation prior to completing the application. I will be invoiced upon acceptance of my application as indicated below.

☐ I plan to pay the tuition balance in full upon acceptance of my application.
☐ I will pay the deposit upon acceptance of my application and request a payment plan.

Signature:_____ Date:_____

Please call our Program Coordinator, Loree Hopkins, if you have any questions prior to completing this form or if you have not received a response within 7 working days. 405-275-1055 or 405-306-2994.