



Ottawa Clinical Osseointegration Study Club

Registration Form – 2009/10 Program



Welcome to the 18th edition of the Ottawa Clinical Osseointegration Study Club! The focus of the Study Club is to teach the restorative component of Dental Implant Therapy. Every year we have a wide range of participants, from those who have never restored an implant, to those with many years of clinical experience in this field. All participants are welcome. We have an exciting and interesting schedule of clinical sessions and lectures prepared for the upcoming year.

Sessions

There will be a total of 8 sessions which will occur monthly, on a Tuesday evening, and start in October, 2009. The Sessions will be limited to a maximum of 12 doctors, and will start at 6:00 pm at our Carling office (2255 Carling Ave, Unit 100 [Ottawa Surgicentre Sign]) with a 60 minute lecture, followed by the clinical sessions which will run from ~7-9:00 pm. Doctors may provide their own patient, or one can be provided for them. The Sessions will be limited to restoration of implant supported 3-unit bridges; implant-supported single-unit fixed restorations; or 2-4 implant overdentures.

- Annual Costs
 - 1000\$ for New Members
 - 500\$ for Returning Members

Please note that you may provide your own patient to the study club. Simply refer them to Argyle Associates and highlight on the referral form *FOR STUDY CLUB*. We will then assign them as a patient in the study club. However, we do have unassigned patients in the study club who will be provided to those who do not provide their own patient.

If you have any questions, please feel free to contact the Study Club Director, Dr. Kevin Butterfield, at the office, or via email at butterfieldkevin@hotmail.com

2009-2010 Study Club Members

Name: _____

Address: _____

City _____, Province _____, Postal Code _____

Phone # Office _____ Cell/Home _____

Email _____

***please note – correspondence will preferentially be done electronically through email**

New Study Club Member

____ New Member

____ Returning Club Member (Previous year in club____)

TOTAL: _____ \$

PAYMENT METHOD

Cheque (enclosed) made out to “Ottawa Clinical Osseo-Integration Study Club”

VISA # _____ Expiry: _____

Master Card # _____ Expiry: _____

Name as on Card: _____

PLEASE MAIL REGISTRATION AND PAYMENT TO

Nicole Valiquette -Argyle Associates

239 Argyle Avenue

Ottawa, Ontario K2P 1B8

FAX 613-238-7822