



## Fellowship and Mastership Certification Exam Registration Form

**Register** | **Fax: 949-273-6687** | **Tel: 949-361-1200**

Please complete the form below to ensure your reservation for examination at the 2008 World Clinical Laser Institute Super Symposium in San Diego, California, January 24-27, 2008.

### Registration Information:

Name: \_\_\_\_\_ Titles (DDS, DMD, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Which laser wavelength do you want to be certified in?

Wavelength (U.S. YSGG, U.S. Diode, International YSGG, or International Diode)

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### Certification Requirements and Fees (U.S. Dollars):

#### Fellowship Certification

Fee: \$295

- 50 Hours of Continuing Education in Laser Dentistry
- Fellowship Written Exam
- Fellowship Clinical Simulation Examination
- Document and Present TWO Clinical Cases (One Simple and One Moderate Case)

#### Mastership Certification

Fee: \$495

- 60 Hours of Approved Continuing Education in Laser Dentistry
- Mastership Written Exam
- Mastership Clinical Simulation Examination
- Document and Present FIVE Clinical Cases (Three Moderate, One Complex, and One of Any Complexity)
- One Year at the Fellowship Level

### Billing Information:

Credit Cards:  American Express  MasterCard  Visa

Name on Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

**Fax or mail this form to BIOLASE Technology, Inc., ATTN: WCLI Certification Department at 4 Cromwell, Irvine, CA. 92618 USA, Fax: 949-273-6687**