

LIVE IMPLANT CORP

914 Emmett Street Kissimmee, FL 34741
www.LiveImplants.us ethel@AskDrMongalo.com
Tel: 786.249.4510 • Fax: 786.249.4514



Date: _____
Doctor's Name: _____
Practice: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Office: _____ Cell: _____ Fax: _____
Email: _____
DN License #: _____

All dentist are welcome - No license required

Advanced Full Arch
Digital Workflow

Introductory Special: \$5,000
September 7-8-9, 2023

Basic Prosthetics: Crowns
and over Dentures

Tuition: \$4,500
October 9-10-11, 2023

Basic Surgical
Treatment Planning

Tuition: \$2,500
October 12-13-14, 2023

**Recent grads and novice dentists -
Florida dental license required**

4 DAY Work on Patients
in Orlando

TBA

Basic Oral Surgery and
Grafting

TBA

Advanced Credentialing
Training for Diplomats

Tuition: \$48,000
 Session 1 2-4, November 2023
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Credit Card Authorization Form

Card Holder Information:

Attending Doctor: _____

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Card Type:

VISA MasterCard Discover Amex

Card Number: _____ Expiration Date: _____

Credit Card Billing Zip Code: _____

I, _____ authorize Live Implants Corp, to process and charge against my credit card account in the amount of \$ _____

You may divide the tuition into: 1: _____ 2: _____ 3: _____

4: _____ 5: _____

Tuition must be paid in full one month before the attending course.

Telephone Number: _____ Fax Number: _____

Print Name as it appears on Credit Card: _____

Signature: _____

Date: _____

**Live Implant Training does not accept wire transfers.
Please contact our office for payment information: 786-249-4510**

NOTE: In order to process payment Live Implant Corp requires the following:

- Copy front and back of credit card (attending doctor)
- Copy of Driver License
- Live Implant Corporation does not keep credit card numbers. Upon completion of the course this document will be shredded.
- No payments will processed without this information.

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Disclaimer

A deposit of 25% of the course tuition is required to reserver your space. Live Implant Training courses historically have sold out 2 months prior to course commencement, this is the result of LIT being able to deliver high quality training. Therefore, cancellation must be made in writing two months before course begins. At this time the registrant will receive a refund minus \$15,500 non-refundable part of the deposit.

If cancellation occurs less than two months before course date, there will be no refund of the tuition and registrant understands he/she is waiving the entire tuition.

Doctors can transfer the amount of tuition paid minus \$1,500 if written notice is received two months prior to course commencement.

The doctor must select the date to transfer within 6 months of previous registered date. If Live Implant Training Institute decides to cancel a course, then full tuition will be refunded. We reserve the right to cancel a course for any reason and cannot be responsible for non-refundable airline tickets or other associated fees related to this event.

Live Implant Training Institute guarantees placement of 20 implants for Level 1, three arches for overdenture Level 2 and three arches for immediate loading for level 3 and level 4.

It is important to point out that every doctor has different surgical experience, different levels of dexterity and possess different surgical skills that will affect the overall outcome of the surgeries.

Understanding this difference leads to the premise that surgical mistakes might occur and will result in diminishing the number of implants that were expected to be placed.

When surgical errors occur on behave of the operating doctor, the patient will not be replaced to perform the same procedure and will count as a procedure.

Live Implant Training reserves the right to change the lecture topics, the lecture sequence, and also add or cancel speakers as it sees fit for the benefit of the participants and the quality of the program at any time and without notice.

I _____, have read Live Implant Training cancellation policies.

Doctor's signature: _____ Date: _____