

# Delegate Registration Form

We thank you for choosing JAG Implant Training Academy. To make your Enhance your learning experience we ask you to complete the following information in advance of your registration. We look forward to welcoming you onto our Implant Certificate training pathway,

Delegate full name:

Delegate DOB;

Gender:                      Male                      Female                      Other

Contact number:

Billing address:

Emergency Contact Name:

Emergency Contact Phone Number:

Dental License Number (GDC)

Dental License Number (IDC):

Dental Practice/Institution Name:

Practice/Institution Address:

Qualifications (please include university or institute and date of completion):

Years of clinical experience:

Area of Specialization (if any):

Brief statement of clinical experience:

Brief statement of any surgical experience and/or Dental implant experience:

Have you attended any dental implant training courses before?      Yes      No

If yes, please provide details:

What do you aim to get from the course?

## Course Information

**COURSE NAME:** JAG Implant Training Academy, implant placement and restoration certificate course.

**COURSE LOCATION:** Precision implant clinic Banbridge

**ADDITIONAL COMMENTS/QUESTIONS:**  
Please feel free to provide any additional comments or questions you may have regarding the course:

**DECLARATION:** I hereby declare that all the information provided in this registration form is true and accurate to the best of my knowledge.

Signature:

Date

**BANK DETAILS:**

Dankse Bank, 37-39 Bridge Street, Banbridge, Co. Down BT32 3JL

**Sort:** 950613 / **Account No:** 00068853

**Name:** JAG Implant Training Academy

**IBAN:** GB55 DABA 9506 1300 0688 53

**BIC/SWIFT:** DABAGB2B