

# COMPUTER GUIDED OCCLUSION REGISTRATION FORM

Name: \_\_\_\_\_

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

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

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

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

Date of Course: \_\_\_\_\_ Location: \_\_\_\_\_

**Day 1 (Dentists \$475; Staff \$135):** The day begins with a 2-hour hands-on review of the software, which will guide you through the function and clinical relevance of each feature of the T-Scan software. We urge all attendees to bring their laptop to this session.

The day also includes a lecture where theory, principles and clinical cases will be presented. The material includes a review of the science, research data, and integration of computerized occlusal technology into modern occlusal thought, both for NM and CR practitioners.

Additionally there will be a 90-minute hands-on session where participants will adjust their own dentition in a reversible process using an Essix splint as a surrogate of their teeth. Materials will be mailed prior to the course. Must register 2 weeks prior to course date to receive materials.

**Day 2 (Dentists Only \$525):** Concepts presented on Day 1 will be applied to a live patient treatment. The T-Scan will document diagnosis and aid in correcting occlusal problems. Day 1 is a pre-requisite for Day 2 (limited to 8 dentists per session).

I would like to attend (Please check):

Method of Payment:

- Day I \$475  
 Day I (Staff) \$135  
 Day II \$525

- Mastercard   
Visa   
Check

Total Amount Enclosed: \$ \_\_\_\_\_

*Please make note of any dietary restrictions.*

TO REGISTER, PLEASE SEND THIS FORM WITH CHECK  
OR CREDIT CARD INFORMATION TO:

Big Sky Seminars  
Attn: Scott Green  
PO Box 600  
Frenchtown, MT 59834  
Fax: 661.420.9199  
sgreen@bigsky.net

