## **Course information**

## Registration

Course dates: You can find out current course dates from TCP/TRINON by phone or email:

TCP

TRINON GmbH Augartenstraße 1

D-76137 Karlsruhe/Germany

Phone: +49 (0)721 93270-0, fax: +49 (0)721 24991

Email: Q-Implant-Marathon@trinon.com or trinon@trinon.com

Internet: www.trinon.com

Course fee: Dominican Republic (without flight) please contact us, for

Cambodia (without flight) current prices

Laos (without flight)

Fee includes: - transfers

- implants, surgical materials

- all overnight stays (single room, shower, WC, half-board or all-inclusive)

Important when applying:

Please complete the application form (p. 71) in full and send it to TCP/ Trinon at the above address. When deciding on the course level, please note the criteria on page 59. The course fee must be paid at least eight weeks before the start of the course to the following bank account:

Volksbank Karlsruhe Ludwig-Erhard-Allee 1 76131 Karlsruhe

Account number: 100 541 17 SWIFT: GENODE61KA1

IBAN CODE: DE40 6619 0000 0010 0541 17

Recipient: TRINON GmbH

Reason for payment: Q-Implant Marathon location, month, year

A copy of the following documents must be enclosed with the application and present on site (as a copy):

license to practise medicine

- Curriculum vitae (postgraduate higher and continuing education and knowledge of English; please describe practical dental and/or surgical skills in detail)
- Health certificate (evidence that the participant is not a carrier of infectious diseases such as hepatitis A or B or HIV)
- Copy of passport (this should be valid for six months beyond the end of the course)

Unfortunately, participants cannot be admitted to the course without these documents. The local authorities do not allow any exceptions.

You can obtain our general terms and conditions from TCP (address above).

## Course information Application form

Q-Implant Marathon Courses



Please send the form with the necessary documents (see p. 70) to the following address:

TRINON Titanium GmbH High Quality Titanium Products Augartenstraße 1 D-76137 Karlsruhe/Germany

fax: +49 (0)721 24991

I hereby make a binding application for the following course:  Course date:  Course location:  Cambodia Dominican Republic Laos  Course fee:  Dominican Republic (without flight)  Laos (without flight)  Laos (without flight)  According to the criteria for classification level for the Q-Implant Marathon courses (p. 59).  I would like to take part in a course for:  Beginners Advanced I Advanced II  The final classification will be made locally by the medical course directors.  My Data:  Titel:  Fax:  First name:  Email:  Last name:  T-shirt size:  Street, house number:  I agree to Trinon's terms and conditions.  These can be obtained from TCP.  Country:  Place, date:  Telephone:  Signature, practise stamp:	Email: Q-Implant-Marathon@trinon.com	or trinon@trinon.com
Course location:  Cambodia Dominican Republic Laos  Course fee: Dominican Republic (without flight) Laos (without flight) Laos (without flight) Laos (without flight) According to the criteria for classification level for the Q-Implant Marathon courses (p. 59).  I would like to take part in a course for: Beginners Advanced I Advanced II The final classification will be made locally by the medical course directors.  My Data: Titel: Fax:  First name: Email:  Last name: T-shirt size: S M L XL XXL  Street, house number: I agree to Trinon's terms and conditions. These can be obtained from TCP.  Country: Place, date:	I hereby make a binding application for the following course:	
Course fee: Dominican Republic (without flight) Cambodia (without flight) Laos (without flight) Laos (without flight) Laos (without flight)  According to the criteria for classification level for the Q-Implant Marathon courses (p. 59). I would like to take part in a course for:  Beginners Advanced I Advanced II The final classification will be made locally by the medical course directors.  My Data: Titel: Fax:  First name:  Email:  Last name:  T-shirt size:  Street, house number:  I agree to Trinon's terms and conditions. These can be obtained from TCP.  Country:  Place, date:  Telephone:	Course date:	
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Cambodia (without flight) Laos (without flight)  According to the criteria for classification level for the Q-Implant Marathon courses (p. 59).  I would like to take part in a course for:  Beginners Advanced I Advanced II The final classification will be made locally by the medical course directors.  My Data: Titel: Fax:  First name: Email:  Last name: T-shirt size:  I agree to Trinon's terms and conditions.  Postcode, town: These can be obtained from TCP.  Country: Place, date:  Telephone:	Course fee:	
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I would like to take part in a course for:    Beginners		<u>current prices</u>
The final classification will be made locally by the medical course directors.  My Data: Titel: Fax:  First name: Email:  Last name: T-shirt size: S M L XL XXL  Street, house number: I agree to Trinon's terms and conditions.  Postcode, town: These can be obtained from TCP.  Country: Place, date:		
Titel:  Fax:  First name:  Last name:  Street, house number:  Postcode, town:  T-shirt size:  S M L XL XXL  I agree to Trinon's terms and conditions.  These can be obtained from TCP.  Place, date:  Telephone:		
First name:  Last name:  T-shirt size:  Street, house number:  Postcode, town:  Telephone:  Email:  T-shirt size:  S M L XL XXL  XXL  XXL  Street, house number:  Pagree to Trinon's terms and conditions.  These can be obtained from TCP.	My Data:	
Last name:  Street, house number:  Postcode, town:  T-shirt size:  S M L XL XXL  XXL  I agree to Trinon's terms and conditions.  These can be obtained from TCP.  Place, date:  Telephone:	Titel:	Fax:
Street, house number:    S M L XL XXL   XXL     Street, house number:	First name:	Email:
Street, house number:  I agree to Trinon's terms and conditions.  Postcode, town:  These can be obtained from TCP.  Place, date:  Telephone:	Last name:	
Postcode, town:  Country:  Telephone:  These can be obtained from TCP.  Place, date:	Street, house number:	
Country: Place, date: Telephone:	Postcode. town:	
Telephone:		
	Country:	Place, date:
Signature, practise stamp:	Telephone:	<del></del>
Mobile:	Mobile:	Signature, practise stamp: