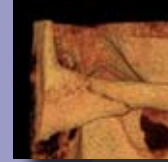
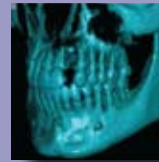


Institute of Volumetric Imaging



Catherine Rodriguez - Co-founder of the Institute of Volumetric Imaging (IVI) she is known to all as the ConeBeam friend. Catherine has trained every NewTom owner on the functions and the use of their new or used NewTom machines. Her training program is known to be one of the best due to the fact that, she is a liaison between the Doctor, the technician, the assistant and the software developers.



Cizar Alzate - Patient Coordinator / Trainer. Cizar's successful treatment plans have made him the most valuable team member at Designer Smiles. His extensive knowledge in finances and the use of 3D tools are the key to his success. You will have a chance to pick up new tips and ask about his approach on how to present and close complex and profitable cases. He is also the Director of ITI (Implant Training Institute).

IVI will be hosting a 3D Cone Beam training!

Date: May 1 and 2, 2009

Time: 8:00 a.m.-5:00 p.m. - Friday - Lunch included

8:00 a.m.-1:00 p.m. - Saturday

Training will be conducted by:

Catherine Rodriguez

Location: 316 Groveland St. Orlando, FL 32804

NewTom 3G provided by: IVI

NewTom 9000 provided by: IVI

Mobile VG Provided by: DigiScans

Please contact event coordinator:

training@iviscans.com • 407-898-3019

Advanced NNT/Keystone/InVivoDental/Simplant Training!

E-mail your questions as many as you have to:
training@iviscans.com

Registration Deadline:

April 10, 2009

Registration Fees:

\$550 first attendee including office materials

\$250 each additional attendee

Hotel Reservation

Comfort Suites - Downtown Orlando

When making reservations please mention the "IVI group" to guarantee your rate of \$89.00 per night plus tax.

For reservations call: 1.877.228.4007.

Includes breakfast and all rooms are equipped with microwave/refrigerator, coffee maker, free high speed wireless and more!
15 minutes from Universal Studios.
Walking distance to IVI

For transportation please call Edwin at 321.442.4155

Print this form and fax or email to:

Fax: 1.866.611.4216

Email: training@iviscans.com

Personal Information

First Name _____

Last Name _____

Specialty _____

Mailing Address _____

City _____

State/Province _____

Zip/Postal Code _____

Email Address _____

Phone _____

Fax _____

How many attendees _____

List additional attendee names and titles in your e-mail confirmation

Registration Information

Please send your credit card or check made payable to IVI with this completed registration form.

Registration without full payment will not be processed.

Method of Payment

Check enclosed payable to IVI

Amex Visa MasterCard Discover

Credit Card Number _____

Expiration Date _____ Security Code _____

Cardholder's Name _____

Company Name _____

Cardholder's Signature _____

Cancellation/Refund Policy

Request for cancellations must be received by IVI on or before April 15, 2009, to receive a 50% refund.

Cancellation received after this date are non-refundable, but transferable to another person or day.

Cancellations or questions are only possible by calling us at 1.866.523.9094

