

# JSOP<sup>®</sup> Enrollment Form *PDS Lingual S.S. Course*



Doctor Name:

Address:

City:  State/Province:  Zip/Postal:

Country:  Business Phone:

Cell Phone:  Fax:

Email:

Simply fax back  
760.758.7604

*Please sign me up for the following JSOP Course:*

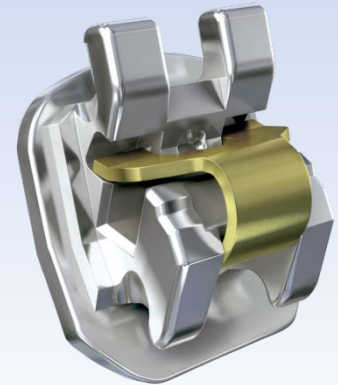
PDS Lingual Course (1 full day) Friday, June 15, 2018 \_\_\_\_\_ \$1,375 (per doctor)

## Outline

- Case Selection
- Pros & Cons
- Avoid Problems
- The Bracket
  - PDS Lingual
  - Self-Ligating
  - 1.5 mm thickness
- Opening & Closing
- Proper Placement
- Wire Selection
- Hands-On

## Lecture Schedule

8:30 am - 9:00 am Introductions & Breakfast  
9:00 am - 12:30 pm Lecture with Dr. Roncone  
12:30 pm - 1:30 pm Lunch  
1:30 pm - 5:00 pm Hands-On



## Payment:

Credit Card:  Exp. Date:  Security Code:

Billing Zip Code:  Name on Card:

Simply fax back: **760.758.7604** or  
E-mail: [hgasio@ronconeroi.com](mailto:hgasio@ronconeroi.com)

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