



SUBSCRIPTION FORM FOR
WWW.IMPLANTS.COM

Practice Name: _____

Names of all physicians to be advertised:

1. _____

2. _____

Practice Physical Address: _____

Second physical address, if any: _____

Telephone numbers: _____ Toll Free Numbers: _____

Practice Website: _____

Email: _____ (will not be shared with others)

Contact person at office _____ Phone Number for this individual: _____

Before/After Photos:

Please use photos and information from my practice web site (above)

I will send photos and information via email to: **sergei@Implants.com**

I will send photos on CDROM or photo prints and information via postal mail to the address below
Digital photos should be in jpeg (.jpg) format, and should be at least 300 pixels in width.

Implants.com: **1 year, non-exclusive city listing** (Maximum 3 physicians per City) **\$1920**

OR

1 year, exclusive city listing, if available \$5700

Total Enclosed: _____

Your listing may appear under as many specialties as you desire and as offered on our websites. Fees are per city, not per specialty.

Pay by Check: L.C., LLC and mail to LC, LLC, 1170 Daveric Drive, Pasadena CA 91107

OR

Pay by Credit Card: MasterCard Visa American Express, and fax this form to 818-495-3089

Automatically renew my subscription annually (credit card payment only)

Card #: _____ Exp. Date _____ 3 Digit Code (back of card) _____

Billing Address: _____

Name on the card: _____

Authorized Signature: _____

Any questions please call 818-974-8104