2-DAY LIVE

Oral Surgery Course with Patients

Unique hands-on course allows the GP to perform 3rd molar extractions confidently

November 21-22, 2026

Limited Attendance





Dr. Lawrence GaumDDS, FADSA, FICD, FADI

Diplomat: National Dental Board

Of Anesthesiology

Each participant will receive a certificate awarding

14 CE Hours from TIA (AGD Subject Code: 310)

CA\$5,275 +TAX

Eligibility

Registrants must have previously completed

Oral Surgery For The GP: 3 Day Hands-On Seminar with Dr. Gaum.

Participants must send us a copy of a valid dental license & a copy of the declaration page of malpractice insurance.

LOCATION

P.A.C.E 2300 Yonge St. #905, Toronto, ON, M4P 1E4

FOR MORE INFORMATION

events@palmeripublishing.com Toll Free 1.866.581.8949 ext. 206

REGISTER NOW AT

drlarrygaum.com

7:30am - 8:00am Registration & Breakfast

8:00am - 9:00am *Lecture*

9:00am - 4:00pm Clinic





Toronto Implant Academy (TIA)
Nationally Approved PACE Program Provider for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority or
AGD endorsement. 9-1-2025 to 8-31-2029.
Provider ID# 355116

For more information visit www.palmerimediagroup.com or contact Palmeri Media Group 905,489.1970 Ext.206 events@palmeripublishing.com



2-Day Live Oral Surgery Course with Patients

FEE: \$5,275 + tax

If yes, please indicate when		e?: Yes / No s a pre-requisite for the 2-Day Live Session.
To Register	Online visit: w	ww.drlarrygaum.com
Fax Form to: (905) 489	-1971	
Email Form to: events@	palmeripublishing.com/semir	ars@palmeripublishing.com
Mail Form to: Palmeri F	Publishing Inc.	
35-145 R	oyal Crest Court, Markham ON	L3R 9Z4
Call: (905) 489-1970 ext	t. 206/207 or 1-866-581-8949 e	xt. 206/207
First Name : Dr		
Last Name :		
Company :		
Address :		
City :	State/Prov :	Zip/Postal Code :
Phone :	Cell :	Fax:
Email :		nission to send you emails/CEM's. We respect your privacy and you can
Are you an AGD Member? • Y	'es O No	
Membership #		
Do you have any type of so	edation authorization? • Yes (If ye	s, please clarify) O No
Payment Information :		
O VISA O	MasterCard O Amex	
Amount Authorized :	CVV/V no:	
Card Number :	Exp. Date	
Card Holder Name :		Signature :
for travel and hotel accommodations rema Implant Academy). PMG does not necessar PMG a written letter via email or mail, In th CANCELLATION/ REFUND POLICY PRIOI 91 days and over: Refund less \$200.00 add	in the responsibility of each participant. This program is arily support or condone all the information that is prese e event that you want to cancel your attendance or trank TO COURSE DATE: min fee IE-TIME carry over/transfer of course to another course	at any time. In such cases a full refund will be provided to each participant. Costs incurred is approved by the Academy of General Dentistry and PACE (Program provider: Toronto ented in this program. The PMG reserves the right to limit registration. You should send asfer your application. without penalty and/or admin fee (carry over should be in the next available course; or

☐ I accept the Cancellation/Refund Policy