

CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc., Continuing Dental Education Program.

Geoffrey Skinner

PROGRAM PROVIDER: **Align Technology, Inc.**

DATE: **November 2, 2017**

COURSE TITLE: **Re-engage - with Dr. David Galler**

EDUCATIONAL METHOD: **Lecture**

INSTRUCTOR NAME: **Dr. David Galler**

COURSE LOCATION: **Portland, OR**

CODE: **379 - Removable Orthodontic Appliances**

INVISALIGN COURSE COMPLETION CODE: **917269**

CE: **14 hours**



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