



The Dental Implant Restorative Continuum REGISTRATION Form

For more information call or email
336-766-4017 | Dos@Triadbiz.rr.com

Registration closes May 3, 2011

Module 1: May 13th-14th, 2011

Module 2: July 8th-9th, 2011

Module 3: September 9th-10th, 2011

Module 4: November 11th-12th, 2011

4168 Clemmons Road
Clemmons, NC 27102
Phone: 336-766-4017
Fax: 877-840-4367
Email: Dos@Triadbiz.rr.com

Name _____

Specialty _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Date _____

Check enclosed Credit card

Card type (circle one): Visa / Mastercard / American Express

Card # _____ Exp _____ Security Code _____

Card billing address _____

City _____ State _____ Zip _____

Course Fee _____ Signature _____ Date _____

Course Registration		Please initial ALL statements below:
<input type="checkbox"/> Payment Option 1: Prepayment of entire program \$500 Deposit due with application \$3,016 payment due 10 days prior to Module 1 (May 3, 2011) \$3,516 Total Program Fee	<input type="checkbox"/> Payment Option 2: Pay per Module ___ Module 1: \$879.00 ___ Module 2: \$879.00 ___ Module 3: \$879.00 ___ Module 4: \$879.00 *Please indicate which module you will be attending.	_____ I fully understand that DEPOSITS ARE NOT REFUNDABLE. Deposits can be held for one year and applied to another course. _____ This financial agreement applies to 2011 course fees only. _____ All cancellations must be made in writing. Refunds will not be made if the cancellation is received less than 20 days prior to the scheduled program. _____ Refunds (minus the non refundable deposit) are only issued by check and 45 days after the start of the program.

Please make checks and money orders payable to:

Dental Office Solutions
c/o Tuition Processing
4140 Clemmons Road PMB #309
Clemmons, NC 27102



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Their Satisfaction.



Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. Provider No. 315447 6/1/2010 to 5/31/2014

Contact Information

Payment