



SANDIE BAILLARGEON
DENTAL OFFICE CONSULTING SERVICES

(905) 336-7624
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DENTAL TREATMENT COORDINATOR
This is a 5-day course.

Fri. Apr. 9 - Sat. Apr. 10 - Fri Apr. 16 - Sat. Apr. 17 - Fri. Apr. 30/09

REGISTRATION FORM

PLEASE COMPLETE AND FAX THIS FORM TO:

DENTAL OFFICE CONSULTING SERVICES

ATT: DIRECTOR OF PROGRAMS
FAX (905) 336-7938
Or
E-MAIL – TIM@DENTALOFFICECONSULTING.COM

Tuition: 795.00 (plus applicable taxes)

Registration Due – March 15, 2010

Location: Pow Laboratories
63 Ridgeway Circle
Woodstock, Ontario



Please print clearly

Name

Address

City/province/postal code

e-mail

Dentist Auxiliary Other _____

AGD Member Yes No

Member number _____

Course times 9:30 a.m. – 3:30 p.m.

**Course Material will be provided
Lunch is included with tuition**

Payment Information

Please charge my VISA MASTERCARD

CHEQUE ENCLOSED

Credit card number

_____/_____
Expiry date

Name as it appears on card

Cardholder signature

Refund Policy

Cancellations made 30 days or more before the course starts are eligible for a full refund. Cancellations made 15 – 29 days before the course starts 75% refund, cancellations made 8 14 days will be eligible for a 50% refund. Cancellations made 0 – 7 days before the course starts - no refund. A \$25.00 administration charge will apply to all cancellations.