



SANDIE BAILLARGEON
DENTAL OFFICE CONSULTING SERVICES

(905) 336-7624
Fax (905) 336-7938

DENTAL TREATMENT COORDINATOR
This is a 5-day course

Fri. March 5, Sat. March 6, Fri. March 12, Sat. March 13, Fri. March 19, 2010

REGISTRATION FORM

PLEASE COMPLETE AND FAX THIS FORM TO:

M4K 3Z1

DENTAL OFFICE CONSULTING SERVICES

Tuition: 795.00 (plus applicable taxes)

ATT: DIRECTOR OF PROGRAMS

FAX (905) 336-7938

Or

E-MAIL – TIM@DENTALOFFICECONSULTING.COM



Registration Due – February 1, 2010

Location: Pro Art Dental Lab
855 Broadview Ave., Suite 408
Toronto, Ontario



Please print clearly

Payment Information

Please charge my VISA MASTERCARD
CHEQUE ENCLOSED

Name _____

Credit card number _____

Address _____

_____/_____
Expiry date

City/province/postal code _____

e-mail _____

Name as it appears on card _____

Dentist Auxiliary Other _____

Cardholder signature _____

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

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.