

REGISTRATION INFORMATION

Registration: Advance registration is required and should be completed no later than 14 days prior to the course starting date. If you wish to register after this date, please call (702) 906-5802 for space availability. Full tuition payment must accompany all registration applications. Checks or money orders should be made payable to the Advanced Dental CE. 1000 N Green Valley Parkway #440-161 Henderson, NV 89074 email: AdvancedDentalCourses@gmail.com Please complete separate registration form and payment info for each course. Please call (702) 906-5802 for registration over the phone.

Course Starting Times: Unless stated otherwise in your letter of acknowledgment, check-in time for all courses will be 8:00a.m. Courses will end at approximately 5:00 p.m.

Refunds: A FULL REFUND IS AVAILABLE WITH 30 DAY WRITTEN CANCELATION. CANCELATION LESS THAN 30 DAYS WILL RESULT IN A CREDIT FOR FUTURE CLASSES. NO REFUND OR CREDIT SHALL BE MADE ON OR AFTER STARTING DATE OR AFTER ATTENDANCE TO COURSE.

REGISTRATION FORM

Name: _____ License #: _____ DMD ___ DDS ___ RDH ___ DA

Mailing Address: _____

Phone Number: _____ Fax # _____

Email Address: _____

Please enroll me in the following course: _____

Course City: _____ Course Date: _____ Registration Fee: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Advanced Dental CE, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date