



REGISTRATION FORM

THE DATES YOU WISH TO ATTEND: _____

FIRST NAME: _____ **MIDDLE NAME:** _____ **FAMILY NAME:** _____

BILLING ADDRESS: _____

PHONE: MOBILE: _____ **HOME:** _____ **WORK:** _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US (PLEASE SPECIFY THE SITE): _____

LATEX ALLERGIES: YES () NO () - **GLOVE SIZE:** S () | M () | L () - **LAB COAT SIZE:** S () | M () | L ()

AREAS OF INTEREST: _____

AREAS THAT NEED IMPROVEMENT: _____

REGISTRATION POLICY:

- Application must be uploaded and submitted via email to dentaltestprep@gmail.com with the full payment of \$ 2,500.00 plus \$ 600.00 refundable deposit (for the equipments/instruments). ***
- Payments are to be submitted via Paypal ID # dentaltestprep@gmail.com (Please see below for the refund policy).
- A brief description of your educational background should be submitted along with your application via email to dentaltestprep@gmail.com.
- For any questions or concerns, please contact us via email to dentaltestprep@gmail.com or via telephone at (518) 635-7113.

I have paid \$ _____ **via Paypal for the program starting date** _____ **Initials**

- \$2,500.00 - Course Fee
- \$600.00 - Additional deposit required for the equipment rental (Refundable upon the return of the equipments in a perfect condition)
- Complete refund - Cancellation must be done at least 14 days prior to the start date - via email only (dentaltestprep@gmail.com)
- Partial refund of 75% - Cancellation from 14 days to at least 7 days of the start date - via email only (dentaltestprep@gmail.com)
- Partial refund of 50% - Cancellation within seven days of the start date - via email only (dentaltestprep@gmail.com)
- Partial refund of 25% - Cancellation on the “Start Date” or “Thereafter” (No Shows) - via email only (dentaltestprep@gmail.com)

SIGNATURE: _____ **DATE:** _____

REGISTRATION: It is on a first come, first served basis. All the payments will be processed via Paypal. Upon the submission of the registration form, the invoice will be sent out to the provided email address. Payment is due once the invoice is received via Paypal. In an event where the course is full, your name will be placed on a waiting list for the next available date.

CERTIFICATE: Upon the completion of the course, the attendees will be provided with the certificate of attendance and will receive 20 hours of continuing dental education credits.

DISCLOSURE: The Doctors Club Foundation INC is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by the AGD for FAGD/MAGD and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 12/01/2017 to 11/30/2021. Provider ID # (302924)



LOCATION: 2178 63rd Street, Brooklyn, NY 11204 (Please refer to the website: www.doctorsclubfoundation.org).

TRANSPORTATION: Buses B6 / B9 | Subway F / N (Please refer to the website: www.doctorsclubfoundation.org).

WHERE TO STAY: There are several hotels at the vicinity of the learning center (Please refer to the website: www.doctorsclubfoundation.org).

REFRESHMENT: Light snacks and soft drinks will be provided during the course (Please specify any dietary restrictions _____).

DISPOSABLES: Lab coats and safety glasses will be provided.

INSTRUMENTS: The Typodont, all the instruments, and the unused materials must be returned in perfect condition upon the completion of the course. Option to purchase is available. ***