

## 2016 Pediatric OSA Course Registration

Fax to (226) 780-0814

Doctor Name:					
Staff Name(s):					
		City:			
Province/State:	<u>Country:</u>	Postal/Zip Code:			
Email:					
	ell Phone:Office Phone:				
🗆 Pedo OSA	Session 1 February 12-13, 2016	🗆 Pedo OSA Session 2 March 11-12, 2016			
Doctor Course Fee \$2195 per session Staff Course Fee \$950 per session Private Practitioner Non-Dentist \$1695					
Staff Registration	\$2195 xsessions \$950 xStaff xSessions \$1695 xsessions	\$ \$			
TOTAL COURSE FEE\$I would like to pay per sessionI would like to pay in full for both sessions listed above					
SCHEDULE OF PAYMI INITIAL PAYMENT Full Payment BALANCE DUE	ENTS - - -	\$  Due at Registration    \$  Registration to 2 Sessions Above    \$			

## PAYMENTS

By signing below, I agree to the following terms: I, the above named, agree to pay T&S Therapy Centre International for the above program. I agree to pay the fee in full as outlined above and understand that all fees are payable in US dollars. I also authorize T&S Therapy Centre International to automatically charge my credit card for the initial payment upon receipt of registration and the balance 30 days prior to the commencement of each session. I authorize a one-time charge of the entire amount of my registration for the **2 Session Pedo OSA Course**.

PLEASE CHOOSE	□ VISA	□ MASTERCARD	DISCOVER	AMERICAN EXPRESS
Name on Card				
Card Number		Exp	Date/	Billing Zip Code:

**Cancellation Policy:** Cancellations can be made in writing (emails accepted) up to 30 days prior to the start of the program and will be refunded in full less 10% of the fees collected. We are unable to offer refunds within 30 days of a session, or after course materials have be received, due to non-refundable commitments. In the event that you cannot attend a session, arrangements can be made to have you attend the missed session at a later date. In the unlikely event that T&S Therapy Centre International cancels this program all paid registration fees will be refunded in full within 21 days following the scheduled date of the event. Please initial here to confirm that you have read and agree to the cancellation policy.

I understand, accept and acknowledge that this agreement made \_\_\_\_\_\_ day of \_\_\_\_\_, 2016 to this be in effect and binding as of said date of signing.

Print Name		Signature	
For Office Use Only	Processed by:	Payment Date(s):	