

## 2016 Mini Residency COURSE REGISTRATION - Fax to (226) 780-0814

Staff Name(s):		
Address:		City:
Province/State:Country:		
Email:		
Cell Phone:Off		
		DENCY Session 2 Oct. 28-29, 2016
Ooctor Course Fee \$2195 per session Staff Course Fee \$950	0 per session Privo	ate Practitioner Non-Dentist \$1695
PROGRAM FEES		
Ooctor Mini Residency \$2195 Xsessions	\$	<u> </u>
Private Practitioner Non-Dentist \$1695 x_sessions	\$	<u> </u>
Staff Registration \$950 XStaff Xsessions	\$	<del>_</del>
FOTAL COURSE FEE	\$	
☐ I would like to pay per session ☐ I would like to pay in full for all 3 sessions listed a	bove	
SCHEDULE OF PAYMENTS		
NITIAL PAYMENT -		Due at Registration
Full Payment -	¢	Degistration to 2 Cossions Above
	φ	Registration to 3 Sessions Above
BALANCE DUE	\$ <u>\$</u>	Registration to 5 Sessions Above
PAYMENTS By signing below, I agree to the following terms: I, the nternational for the above program. I agree to pay the foure payable in US dollars. I also authorize T&S Therapy for the initial payment upon receipt of registration each session. I authorize a one-time charge of the entire a	s above named, agreee in full as outline Centre Internation and the balance 3	ee to pay T&S Therapy Centre ed above and understand that all fees al to automatically charge my credit O days prior to the commencement of
PAYMENTS By signing below, I agree to the following terms: I, the international for the above program. I agree to pay the force payable in US dollars. I also authorize T&S Therapy card for the initial payment upon receipt of registration each session. I authorize a one-time charge of the entire agreement.  PLEASE CHOOSE	above named, agree in full as outline Centre Internation and the balance 30 amount of my regis	ee to pay T&S Therapy Centre ed above and understand that all fees al to automatically charge my credit O days prior to the commencement of
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Payment Date(s):

For Office Use Only | Processed by: