

## 2016 COMBINATION THERAPY OF OAT & PAP COURSE REGISTRATION - Fax to (619) 469-4524

| Doctor Name:  |   |   |  |   |
|---|---|---|--|---|
| Staff Name(s):  |   |   |  |   |
| Address:  |   | City:   |  |   |
| Province/State:   | Country:  |   | Postal/Zip Code:   | ····  |
| Email:  |   |   |  |   |
| Cell Phone:   | Of  | fice Phone:   |  |   |
| ]   | ☐ COMBINATION THERAPY OF (  | OAT & PAP Septe   | ember 23-24, 2016  |   |
| LIMITED SEATS AVAILABLE   |   |   |  |   |
| Doctor Course Fee \$1895 per session Private Practitioner Non-Dentist \$1695 per session<br>Staff Course Fee \$950 per session          |   |   |  |   |
| PROGRAM FEES Doctor Fees \$1895 x_ Private Practitioner Fe Staff Fees \$950 x_ TOTAL COURSE FEE   | es \$1695 x   | \$<br>\$<br>\$<br>\$  |  |   |
| SCHEDULE OF PAYMENT INITIAL PAYMENT Full Payment Balance Due  | TS  | \$<br>\$<br>\$  | Due at Registration  |   |
| the full fee as outlined a<br>that all fees are payable<br>will be applied for each   | ee to the following terms: I, the ab<br>above for the listed program. I und<br>e in US dollars. If your payment is m<br>payment. I also understand that if<br>hant and that T & S International is  | lerstand that T & a<br>nade in a currency<br>Fpaid in a differen                        | S International is a US ba<br>other than USD, the curr<br>t currency then a foreign                        | sed company and<br>ent exchange rate  |
| Please Select:  ☐ I authorize a one-tir Therapy of Oat & Pap C  | me charge on my credit card for the   | e entire amount fo  | or my registration of the (  | Combination   |
| PLEASE CHOOSE:  | □VISA □MASTERCARD   | □DISCOVER   | □AMERICAN EXPRESS  | 5   |
| Name on Card  |   |   |  |   |
| Card Number   |   | Exp. Date/_   | Billing Zip Code:  |   |
| was made. Cancellations<br>be refunded in full less<br>refundable commitment<br>session at a later date. In<br>fees will be refunded in | refunds will be issued via USD check to see can be made in writing (emails accomposed of the fees collected. We are used. In the event that you cannot attend the unlikely event that T&S Therapy full within 21 days following the school cancellation policy. | epted) up to 30 da<br>nable to offer refu<br>nd a session, arrai<br>y Centre Internatio | nys prior to the start of the nds within 30 days of a sengements can be made to mal cancels this program a | e program and will<br>ession due to non-<br>attend the missed<br>Il paid registration |
|   | nd acknowledge that this agreemeng as of said date of signing.  | nt made this  | day of   | , 2016 to   |
| Print Name  | Sign  | ature   |  |   |