T&S Therapy Centre
INTERNATIONAL

2016 MINI-RESIDENCY COURSE REGISTRATION – Fax to (619) 469-4524

Doctor Name: _____

Staff Name(s):_____

Address:_____**City:**_____

Province/State: _____**Country:**_____ **Postal/Zip Code:**_____

Email: _____

Cell Phone:_____**Office Phone:** _____

☐ **MINI RESIDENCY Session 1 April 22-23, 2016** ☐ **MINI RESIDENCY Session 2 May 20-21, 2016**

☐ **MINI RESIDENCY Session 3 June 24-25,2016**

LIMITED SEATS AVAILABLE

Doctor Course Fee $2195 per session Private Practitioner Non-Dentist $1695 per session
Staff Course Fee $950 per session

PROGRAM FEES

Doctor Fees $2195 x_____Sessions	$_____
Private Practitioner Fees $1695 x _____ Sessions	$_____
Staff Fees $950 x_____Staff x_____Sessions	$_____
TOTAL COURSE FEE	**$_____**

SCHEDULE OF PAYMENTS

INITIAL PAYMENT	$_____Due at Registration
Full Payment	$_____
Balance Due	**$_____**

PAYMENTS

By signing below, I agree to the following terms: I, the above named, agree to pay T&S Therapy Centre International the full fee as outlined above for the listed program. I understand that T & S International is a US based company and that all fees are payable in US dollars. If your payment is made in a currency other than USD, the current exchange rate will be applied for each payment. I also understand that if paid in a different currency then a foreign exchange fee may be applied by my merchant and that T & S International is not responsible for that fee.

Please Select One Option:

☐ I authorize my credit card to be charged the initial payment upon receipt of registration and the balance 30 days prior to the commencement the session.

☐ I authorize a one-time charge on my credit card for the entire amount for my registration of the **3 Sessions of the Mini Res.**

PLEASE CHOOSE: ☐**VISA** ☐**MASTERCARD** ☐**DISCOVER** ☐**AMERICAN EXPRESS**

Name on Card_____

Card Number_____Exp Date_____/_____Billing Zip Code:_____

Cancellation Policy: All refunds will be issued via USD check from our corporate office, regardless of how the initial payment was made. 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 due to non-refundable commitments. In the event that you cannot attend a session, arrangements can be made to 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 this_____day of_____, 2016 to be in effect and binding as of said date of signing.

Print Name_____ **Signature**_____