

REGISTRATION FORM

**LIMITED ENROLLMENT!
DON'T WAIT, REGISTER TODAY**

RECEIVE YOUR COURSE MATERIALS EARLY & START STUDYING NOW!

I WOULD LIKE TO ATTEND THE FOLLOWING COURSE:

DATE: _____

LOCATION: _____

Full Course **\$1,595.00**

Please use black or blue ink:

School you graduated from: _____

Year graduated: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____

Credit Card: Visa MC Discover

Card #: _____

Exp. Date: _____ Amount: \$ _____

Authorized Signature: _____

Required for all credit card payments

PRE-REGISTRATION: You must pre-register by sending a non-refundable deposit of \$395.00 for the course (personal checks accepted for course deposit only). Final payment is due the first day of class, in the form of cash, travelers cheques, money orders, cashiers check or credit card. No personal checks will be accepted at the course. Make checks payable to: Western Dental Consultants.

Mail to:
Western Dental Consultants
850 N. Hudson #302
Los Angeles, CA 90038