



## Occlusion 2 Registration Form

**Program Date** \_\_\_\_\_ **Location:** \_\_\_\_\_

Dr. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

### Tuition

- Doctor, Technician - \$3500
- Hygienist - \$395
- Administrative and Clinical Staff – \$395

Credit Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**A \$1000 non-refundable deposit will be required at time of registration. The balance of your tuition is due no later than 30 days prior to the course.**

Check one of the following for payment option:

- I wish to pay in full with the credit card listed above.
  - I wish to earn a 5% cash discount by paying my tuition in full NOW. I am sending a check in the amount of \_\_\_\_\_ to arrive no later than \_\_\_\_\_.
- Please mail check to: Hornbrook Group, 28436 Rancho Cristiano, Laguna Niguel, CA 92677**
- I wish to make 2 monthly payments for doctors tuition. I understand my first payment will be charged at time of registration and then monthly thereafter. Any staff registration will be due 30 days prior to the course.
  - Please charge my deposit of \$1000 now and a check for the balance will be forwarded to arrive no later than 30 days prior to the course.
  - Please charge my deposit of \$1000 now and the balance charge on \_\_\_\_\_.

Dr. Signature \_\_\_\_\_ (required)

Please fax completed registration forms to Cassie @ 520.568.3871