



Registration Form

INFECTION CONTROL FOR THE DENTAL OFFICE

\$1,595.00 plus HST (Includes Manual and in office Training)

please complete and fax this form to:
Dental Office Consulting Services
att: Sandie Baillargeon
fax (905) 336-7938 or call (905) 336-7624
or email: sandiedocs@gmail.com

DOCS IS AN AFFILIATE PARTNER OF PSHSA



Course Name: INFECTION CONTROL IN THE DENTAL OFFICE PLUS MANUAL

Name of Office.....phone.....

Address.....

City/province/postalcode.....

E-mail.....

Number of Staff members..... **PLEASE EMAIL US YOUR LOGO FOR YOUR CUSTOMIZED BINDER**

AGD# _____

Payment Information

Please charge my: VISA MASTERCARD AMEX

Credit card number.....**exp**...../.....

Name as it appears on card.....

Cardholder signature.....

Charge on credit card will say 'MEDICAL and DENTAL SERVICES'

Refund Policy

- Cancellations made 21 days before the training starts - 75% refund
- Cancellations made 8-21 days before the training starts - 50% refund minus admin charge
- Cancellations made 0-7 days before the training starts - no refund
- A \$100.00 administration charge will apply to all cancellations due to customized binder