



Registration Form

OCCUPATIONAL HEALTH AND SAFETY PROGRAM FOR DENTAL OFFICES

\$1995.00 plus HST (Includes Binder and in office Training and Inspection)

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: HEALTH AND SAFETY AWARENESS TRAINING PROGRAM

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

Address.....

City/province/postalcode.....

E-mail.....

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

AGD members receive a professional courtesy of 5%. 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 CONSULTING

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