



**Registration Form**  
**INFECTION PREVENTION AND CONTROL MANUAL**  
\$595.00 plus HST

PLEASE COMPLETE AND FAX OR EMAIL THIS FORM TO:  
**DENTAL OFFICE CONSULTING SERVICES**  
ATT: Sandie Baillargeon  
FAX (905) 336-7938  
email: sandiedocs@gmail.com

*DOCS IS AN AFFILIATE PARTNER OF PSHSA* 

**Course Name: INFECTION PREVENTION AND CONTROL MANUAL**

Name of Office.....

Address.....

City/province/postalcode.....

Email.....Phone.....

**PLEASE EMAIL US YOUR LOGO AND PRINCIPAL DOCTORS NAME FOR YOUR CUSTOMIZED BINDER**

***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 DENTAL SERVICES'

**No Refund Policy (binder is customized to your office)**