



**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) 332-2326  
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