



**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) 332-2326  
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