

About Face Dental Seminar

Registration Form

(If you miss the deadline, call 609-259-8008. If space remains, we will register you!)

Name: _____ RDH DMD DDS (circle one)

Address: _____

City: _____ State: _____ Zip _____

E-Mail: _____

Phone & Cell: _____

Choose Method of Payment:

Check # _____

MasterCard# _____

Visa# _____

Card Expiration Date: _____

Cardholder's Name: _____

Signature: _____

Seminar Location: _____

(From brochure or web site)

Seminars are \$120 per attendee. Mail this form (and check if applicable) to:

About Face Dental Seminars

435 Millstone Road

Clarksburg, NJ, 08510

You may fax (secure) this form if credit card payment to 609-259-0416. No debit cards are accepted. Telephone registrations can be made day or evening by calling 609-259-8008. Course confirmation will be sent to legible e-mail addresses one week prior to program.

Cancellation / Refunds and Policies:

Cancellations received up to 15 days prior to the scheduled course are eligible for a refund less a \$30 administrative fee. Cancellation must be made in writing. No refunds can be made for partial attendance, "no-shows", or for cancellations made less than 15 days prior to the scheduled course date. A full refund will be made in the unlikely event of a course cancellation. For information on weather cancellations or other state emergencies, please call 732-299-7846 the morning of the course. A charge of \$30 will be applied to all returned checks.

Questions? Phone: 609-259-8008 Fax: 609-259-0416 Email: eemorrissey@aol.com