PTIFA *The Pacific Training Institute for Facial Aesthetics*

Course Registration Form

Please fax or email completed form to 604-681-0066 or info@ptifa.com

Dentist Information

Date:

Last Name:	First Name:
Street:	City:
Province:	Postal Code:
Work Phone:	College #:
Cell Phone:	Email:

Team Member Information

Last Name:	First Name:	College #:
Last Name	First Name:	College #:
Last Name	First Name:	College #:

Course Registration

Day 1 - Botox Introductory

Course Date Requested:

Number of Dentists:	x $900	=$
Number of Team Members:	x $450	=$

Day 2 - Botox Hands-On

Course Date Requested:

Number of Dentists:	x $2,500	=$
Number of Team Members:	x $1,250	=$

Sub Total	=$
12% GST	=$
Grand Total	=$

Patient Information

- ❑ I wish to bring my own patients on Day 2 and have provided their contact information below.
  - ❑ I will be responsible for my patients' treatment cost ($6/unit).
  - ❑ My patients are aware and will be responsible for their own treatment cost ($6/unit).
- ❑ I will not be bringing patients on Day 2. Please provide me with patients.

Last Name:	First Name:	Phone #:
Last Name:	First Name:	Phone #:

Payment Information

☐ Mastercard ☐ Visa ☐ Amex ☐ Cheque

Card #: | | | | | Exp: (MM/YY) | | |

Card holder name:

Card holder signature:

Notes:

Cancellations received in writing up to 2 weeks before the course date will be issued a full credit, minus a 25% administration fee, or credit can be applied to another course date. Cancellations received in writing 2 weeks or less, before the course date are non refundable, however credit can be applied to another course date.