

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: _____ | |
| How did you hear about us: _____ | | |

| | | |
|--------------------------------|-------------------|------------------|
| 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% HST | = \$ _____ |
| | Grand Total | = \$ _____ |

| | | |
|--|-------------------|----------------|
| Patient Information | | |
| <input type="checkbox"/> I wish to bring my own patients on Day 2 and have provided their contact information below. | | |
| <input type="checkbox"/> I will be responsible for my patients' treatment cost (\$6/unit). | | |
| <input type="checkbox"/> My patients are aware and will be responsible for their own treatment cost (\$6/unit). | | |
| <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> 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.