



COURSE REGISTRATION FORM

Today's Date _____ Course Date _____

Course Name/ID _____

REGISTRANT INFORMATION - PLEASE PRINT

First Name	Last Name	Title [CDT, DDS ETC.]	CDT / License #
Address		City	State
Office / Lab Phone		Fax	Mobile
		Email	

PAYMENT INFORMATION – ALL PAYMENTS IN US DOLLARS ONLY

Check
 Visa
 Master Card
 Amex
 Contact me

Credit Card holder's	First Name	Middle Name	Last Name
Address		City	State
		Zip Code	
Card Number	Expiration Date	Security Code	Amount Paying Today

COURSE ENROLLMENT AGREEMENT

1. A non-refundable fee of 25% of the total course fee is required to reserve your place until 30 days remaining to the course starting date.
2. The remaining balance is due on or before 30 days remaining to the course starting date in-order to guarantee your place.
3. If the tuition is not paid in full on or before 30 days remaining to the course starting date, Level 3 Dental Studio Inc. will not guarantee your place in the course.
4. Registration Form must be completed, terms agreed, signed, and returned.

Deposits by phone only

Full payments by phone or threw the website – level3education.com

I have read and agreed to the terms, please enroll me
 Signature _____
Date _____

PLEASE SEND OR FAX FORM TO – 6735 San Fernando Rd. Glendale CA, 91201, Tel : 818-937-9993 Fax: 818-937-9995

CANCELLATION POLICY

If a cancellation is made 15-30 days before the start date of the course, 50% of the total course fee must still be paid. If a cancellation is made 7-14 days before the start date of the course, 75% of the total course fee must still be paid. If a cancellation is made 0-7 days before the start of the course, 100% of the total course fee must be paid. All cancellations must be submitted in writing, signed, and will be dated when received at Level 3 Dental Studio Inc. Level 3 Dental Studio Inc. reserves the right to cancel any course seven (7) days prior to the scheduled course starting date. 100% of the amount paid will be refunded or may be transferred to another course.