

Foundation for Advanced Continuing Education

****COURSE REGISTRATION APPLICATION****

COURSE: ADVANCED RESTORATIVE DENTISTRY LEVEL 2
2020

TUITION: **\$ 18,000.00 - - 3 WEEKS**

CHECK MUST BE DRAWN ON U.S. BANK OR INTERNATIONAL MONEY ORDER.

FULL NAME _____ (D.D.S., D.M.D.)

ADDRESS _____

CITY/STATE/ZIP _____

AREA CODE/PHONE NUMBER _____ FAX _____

DENTAL SCHOOL ATTENDED _____ YEAR GRADUATED _____

EMAIL ADDRESS _____

MAIL COMPLETED APPLICATION AND DEPOSIT OF \$2500.00 TO:

THE FOUNDATION FOR ADVANCED CONTINUING EDUCATION (F.A.C.E.)

P. O. BOX 2128

SARATOGA, CA 95070-0128

PLEASE READ THE FOLLOWING AND SIGN AND DATE WHERE INDICATED.

I understand that my deposit of \$2500.00 is non-refundable after the course is closed. The balance of \$15,500.00 will be paid at \$2214.29 per month over 7 months in the form of post-dated checks or VISA/Mastercard starting with the first session and continuing for 7 months.

If you wish to prepay there is a discount of \$1000.00 to be paid by **CHECK** only, credit cards are not accepted for prepayment.

Signed _____ Dated _____

VISA or MasterCard # _____ Exp. Date _____