

****COURSE REGISTRATION APPLICATION****

COURSE: ADVANCED RESTORATIVE DENTISTRY
2010-2011

LOCATION: F.A.C.E. TEACHING FACILITY

TUITION: \$ 32,000.00

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 \$4500.00 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 \$4500.00 is non-refundable after the course is closed. The balance of \$27,500.00 will be paid at \$1527.78 per month over 18 months in the form of post-dated checks or VISA/Mastercard starting with the first session and continuing for 18 months. If you wish to prepay, the discounted fee is \$29,500.00 due **prior to** the first session.

Signed _____ Dated _____

VISA or MasterCard # _____ Exp. Date _____