

**\*\*COURSE REGISTRATION APPLICATION\*\***

COURSE: ADVANCED RESTORATIVE DENTISTRY  
2010-2012

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 \_\_\_\_\_