

Course Registration Form

Register by Phone: 330-523-5240	Course Title:
Register by Email:	
sarah.prkusic@dentalceramicsusa.com	
	How did you hear about The Center?
Note: Please use a separate form for each regi	istrant
Registrant Information	Payment Information
Title First Name Last Name	Card Number
Practice / Company Name	CVS (3 / 4 Digit Code) Exp. Date
A aldress a	Canalla a lalan Nama
Address	Cardholder Name
City State Zip Code	Billing Address
Office Phone	Billing State Billing Zip Code
Mobile Phone	Authorized Signature
	Payment in full is expected with registration unless
Email	otherwise arranged with The Center. A 50% non-
Liliali	refundable deposit is due if full payment is not received. The remaining tuition balance must be paid at least 60 days prior to the scheduled course date. If cancellation is
Primary Contact Person - Name, contact info.	received less than 30 days prior to the course, 100% of the paid tuition fee is forfeited. The Center at Dental Ceramics
(ex: yourself, team member, etc.)	recognizes that times may arise when dentists may not be
	able to participate in courses due to unforeseen situations. Tuition deposits may be transferable and substitutes permitted in the event of cancellation / postponement of
Any Dietary Restrictions?	dentist participation with prior approval from The Center. The Center reserves the right to alter and / or cancel any
	course/program at its discretion. Any tuition received for a canceled course will be refunded or applied to a future
PACE ACADEMY GENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION ADA C·E·R·P® Continuing Education Recognition Program	program. Please call with any questions at 330-523-5240.

Communication. Personalization. Confidence.