



Mid-Atlantic Center for Advanced Dental Study

## Registration Form

Name \_\_\_\_\_ DDS/DMD/CDT CDT# \_\_\_\_\_

Address \_\_\_\_\_ AGD# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (office) \_\_\_\_\_ (fax) \_\_\_\_\_ (cell-optional) \_\_\_\_\_

E-mail \_\_\_\_\_

Course registering for \_\_\_\_\_

Course date \_\_\_\_\_ Course tuition \_\_\_\_\_

What is the best time to reach you to confirm your registration? \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

### Form of Payment

Full tuition     \$100 per person deposit to reserve seat (transferable/non-refundable)  
*balance due 30 days prior to course date*

Check or Money Order enclosed     Visa     MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please mail this form to 1207 Volvo Parkway, Chesapeake, Virginia 23320  
Or fax to 757-583-8878*

*Thank you for registering! We will be contacting you soon with confirmation.*

### **Cancellation Policy**

Full refund less \$100 processing fee if cancelled 30 days before the course. Cancellation received within 30 days of scheduled class is accommodated with a one-time transfer to a future class - no refunds.

1207 Volvo Parkway  
Chesapeake, VA 23320-7654  
757-222-9843  
www.mid-atlanticcenter.com