



GENEVA DENTAL INSTITUTE 2019- REGISTRATION FORM
PLEASE PRINT CLEARLY
Complete one column for each person

AGD ID# _____	Participant:	1	2	3	4
First Name					
Last Name					
Title (Dentist, Denturist, Assistant, Tech)					
Lab Coat Size					

Diploma Information

Clearly **PRINT** names exactly how you would like them to appear on diplomas

Confirmation should be sent to:

Name _____

Address _____

City / State / Zip _____

Phone # _____

E-mail _____

Fee of Course:

Dentist..... \$2450

Denturist \$1950 (Technical Course) \$2450 (Clinical Course)

Dental Tech \$1950

Assistant Course..... \$1,800

Auxiliary \$595

Total.....\$ _____

- **Make Check or Money Order payable to Geneva Dental Institute of Sacramento. Do not send cash. Payments must be in U.S. funds.** Mail your completed registration form and your payment to:
 Geneva Dental Institute of Sacramento
 5327 Dewey Ave.
 Fair Oaks, CA 95628
- To register by Fax **send this form to (916)967-0016**, or by phone call **(916)967-0013**
 We accept Credit Cards: Visa, Mastercard, and AMEX
 Card No. _____
 Total \$ _____ Card Expiration Date: Mo. ____ Yr. ____ Security code _____

Circle Date of 2019 Course: **Complete Denture Course:** October 10-11

Partial Denture Design Course: October 24-25 **Advanced Implant:** TBA in 2020

Deposit and Cancellation Policy- Applications will be accepted until three days prior to course date. If space is not available, you will receive a *full refund*. Geneva Dental Institute of Sacramento reserves the right to cancel courses if enrollment is insufficient. In the event you must cancel, we need a 30 day written notice; all deposits will either be applied to the next course or refunded to you.