DENTAL ASSIST TRAINING CENTER

Enrollment Application (pg 1)

I have selected the following payment plan for the Dental Assisting Course:

FRIDAY SATURDAY

THURSDAY

\$4,095 Paid-in-full. (Enclosed)

\$2,000 Down Payment (Enclosed), then balance of \$2,095 first day of class.

\$2,000 Down Payment (Enclosed), then \$261.87 per week for eight weeks.

A \$2,000 minimum down payment is required as soon as possible prior to the start of each class with any of the above plans to guarantee your place. Please complete the following to reserve a place in our next class:

Down Pa		Money Order]
Credit Card #	Exp.	Date CCV	
Name		Date of Birth	
Address			
City	State	ZIP	
Phone	Se	ocial Security #	
Name of last high school att City & State		? GED?	
City & State	Graduate	? GED?	
_	Graduate	? GED? Graduate?	
City & State Name of last college or vo/t	Graduate		
City & State Name of last college or vo/te City & State	Graduate		
City & State Name of last college or vo/te City & State	Graduate		

DENTAL ASSIST TRAINING CENTER

Enrollment Application (pg 2)

We are committed to enrolling a diverse student body What race do you consider yourself to be?	
Emergency Contact	
Phone #	
Signature	
Printed Name	
Email	
Date	

How did you hear about this course?

Refunds and Cancellations We are a licensed private vocational school for Dental AssistahtsgtoW State. Our program is licensed by thek force Board and therefore abide by all refund and termination policies regulated by the State. Work Force Board 128 10tenAre SW Olympia,AW98504 (360) 586-8682. http://www.tb.wa.gov

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