

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

☐ FRIDAY ☐ SATURDAY

- ☐ \$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:

☐ Payment in Full (\$4,095)	☐ Visa	☐ Mastercard	☐ AM EXP
☐ _____ Down Payment	☐ Check	☐ Money Order	☐ Discover

Credit Card # _____ Exp. Date _____ CCV _____
Name _____ Date of Birth _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Social Security # _____

Name of last high school attended _____
City & State _____ Graduate? _____ GED? _____

Name of last college or vo/tech attended _____
City & State _____ Graduate? _____
Highest grade completed before enrollment _____

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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 Assistants in the State.
Our program is licensed by the Work Force Board and therefore abide by all refund and
termination policies regulated by the State.
Work Force Board 128 10th Ave SW Olympia, WA 98504 (360) 586-8682. <http://www.wfb.wa.gov>