

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

FRIDAY SATURDAY MONDAY

\$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 _____

[Continued on next page ->](#)

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>