

Registration Form

Fax Completed Form to 818-240-3503 or Mail To: GIE Dental Lab 520 East Broadway Suite 403, Glendale, Ca 91205

Name: _____ Title: _____ AGD#: _____

Company: _____ Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Names/Addresses/Email & Phone of Additional Attendee(s)

FOR OFFICE USE ONLY			
Call Prior \$:	New Client?	Date Charged:	Conf Sent:
Notes:			

Seminar Name:	_____
Seminar Date:	_____
# of Registrants/Price:	___ Dentists @ \$___ ___ Auxiliary @\$___ ___ Academic @ \$___
Total Registration Fee:	_____

Grand Total: \$ _____ **Circle One:** Visa Master Card American Express Check

Name On Card: _____ **Card #:** _____

Exp. Date: _____ **Billing Zip:** _____ **CV Code:** _____

Signature (Authorizes Grand Total Charge): _____

Mail Check to GIE Dental Lab 520 East Broadway #403 Glendale, Ca 91205

Cancellation Policy: Cancellation requests must be received no more than 2 weeks before the event to be eligible for a refund. Cancellations made within 2 weeks of the event are not eligible for a refund. No-show participants are also not eligible to receive a refund of any portion of the registration fee. CE credits will not be issued for courses not attended.

Cancellations must be submitted in writing. You may email your cancellation to chunter.giedentallab@gmail.com or fax it to [818.240.3503](tel:818.240.3503)

We reserve the right to cancel a seminar or workshop. A course will be cancelled or rebooked if there is insufficient enrollment. You will be notified of changes/cancellations and refunds/options.

Registration Form

Fax Completed Form to 818-240-3503 or Mail To: GIE Dental Lab 520 East Broadway Suite 403, Glendale, Ca 91205