

George Eliades, D.D.S.

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Registration for Coronal Polishing California Dental Board Program CP-41

There are no refunds to those who do not pass this program. We withhold \$135 for those who request a refund **without** a written request 14 days prior to the start date; a full refund of \$220 is issued if the class is canceled due to enrollment.

Fax, attach to an email or physically mail this form along with your payment. Accepted forms of payment are Money Orders, Cashier's Check, Visa, MasterCard, Discover Card or American Express. Personal checks are accepted **only** if received 5 days prior to the date of the course (return check fee is \$50). Make checks payable to **George Eliades, D.D.S.** This institution does not accept payments from state or federal student aid programs.

Candidates must provide three (3) patients for the course. All patients must be **calculus-free**. You will also complete a take home written final examination that is returned 1 week later for grading and issuing of the certificate of completion plus the yellow card.

Course fee \$220 (ALL INCLUSIVE).

Our Program will provide everything except the three (3) clinical patients.

Start date of program selected (month, day, year) _____

Name of candidate (**print clearly**) _____

Last Four Digits of Social Security Number or E.I.N. # _____ phone # _____

Address _____

City _____

State _____ Zip Code _____

Credit Card Information must be legible

Name on Card _____

Billing Address if different from above _____

State _____ Zip Code _____

Card Type _____ security code _____

Card Number _____

Expiration Date _____

Credit Card Authorized Signature _____

Signature of Candidate _____ Date _____

By signing above, you understand this is a legal binding document.