



REGISTRATION FORM



(or register online at: www.britamed.com/register-dentistry)



Name _____

Office Name _____

Address _____

Phone Number _____ Fax _____

Email _____

Do you own a laser? Yes No

Course Registration

	Hands On Programs	2016 Dates	Location
<input type="checkbox"/>	Standard Proficiency Certification	Jan. 23, 24	Vancouver, BC
<input type="checkbox"/>	TBA (Winter 2016)		

Pricing

	Attending	Certification	Course Fee
<input type="checkbox"/>	Dentist	<input type="checkbox"/>	\$ 1500
<input type="checkbox"/>	Hygienist	<input type="checkbox"/>	\$ 1200
<input type="checkbox"/>	Team Member	<input type="checkbox"/>	\$ 600

**prices are subject to applicable tax*

Payment Information

	Card Type	Card Number	Exp Date	CVV (3 digits)
<input type="checkbox"/>	VISA			
<input type="checkbox"/>	MASTERCARD			

Total Registration Cost \$ _____ my account will be debited by BritaMed Inc.
for the amount of \$ _____ + HST

Signature _____

Please fax registration to Sigal Miller at: **604-608-4868**

BritaMed Inc.

1800-654-0246 sigal@britamed.com

We reserve the right to cancel this event at any time. All fees will be refunded.