



Canadian Institute For Cosmetic Dental Education



Registration Form – 2009 Continuum

Contact Information

Date _____

Name: Surname _____ First/Given _____ Middle Initial _____

Address: Street No. _____ Street _____ Apt./Suite No. _____

City/Town _____ Province _____ Postal Code _____

Phone: (W) _____ (H) _____ Cell _____

E-mail: (W) _____ (H) _____

Years in practice _____ Dietary restrictions _____

Reasons for taking this course _____

Payment(s)

1. Initial payment of \$2,000 (CDN) must accompany this form. Paid by: Visa Cheque

Credit card number _____ Expiry Date _____

Name of cardholder _____ Signature _____

2. Monthly payments of balance owing. Paid by: Visa Cheque

\$750 (CDN) will automatically be billed on your card on the 1st of each month – October 1, 2009 to June 1, 2010.

Credit card number _____ Expiry Date _____

Name of cardholder _____ Signature _____

Payment options

If paying by credit card —————> Fax completed form to the CICDE at: (905) 829-3072

If paying by cheque —————> Mail completed form and payment to the:

Canadian Institute for Cosmetic Dental Education

2892 South Sheridan Way, Oakville, Ontario L6J 7L4

www.cicde.ca