



Canadian Institute For Cosmetic Dental Education



www.cicde.ca

If Better is possible, then Good is not enough.

Registration Form 2009 Continuum

Contact Information

Date _____

Name: Surname _____ First/Given _____ Middle Initial _____

Address: _____ Apt./Suite No. _____

City _____ Province _____ Postal Code _____

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

E-mail: (W) _____ @ _____

Years in practice _____

Dietary restrictions _____

Reasons for taking this course and your expectations:



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CICDE Payment Options

Option 1 (\$333 per day)

All 12 Modules (24 days) at \$8,000 plus 5% GST. **Priority Seating: Space is limited.**

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

Eight (8) equal monthly payments of \$750 + 5% GST. —————> Paid by: Visa Cheque

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Option 2 (\$425 per day)

Part 1 – Modules 1 – 6 (12 days) at \$5,100 plus 5% GST.

Part 2 – Modules 7 – 12 (12 days) at \$5,100 plus 5% GST.

Initial payment of \$1,100 (CDN) + 5% GST must accompany this form. —> Paid by: Visa Cheque

Eight (8) equal monthly payments of \$500 + 5% GST. —————> Paid by: Visa Cheque

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Option 3 (\$475 per day)

Module: 1 2 3 4 5 6 7 8 9 10 11 12

Cost per 2-day Module: \$950 +5% GST = \$997.50 x Modules selected = TOTAL \$ _____

(Example, 3 Modules {any combination of 1 through 12} = \$997.50 x 3 = \$2,992.50.)

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Cheque for the complete amount (i.e. TOTAL per above) accompanies this form

– OR –

I wish to pay the TOTAL per above by credit card. Please see information below:

Credit Card number _____ Expiry Date _____

Name of Cardholder _____ Signature _____

PAYING BY CREDIT CARD? —————> **FAX** completed form to the CICDE at: (905) 829-3072

PAYING BY CHEQUE? —————> **MAIL** completed form and cheque with payment to the:

**Canadian Institute for Cosmetic Dental Education
2892 South Sheridan Way, Oakville, Ontario L6J 7L4**

For more information call (905) 727-6453 or (905) 829-1414 or visit www.cicde.ca