

LOS ANGELES SCHOOL OF DENTAL ASSISTING
2701 Beverly Boulevard, Los Angeles, CA 90057
(213) 389-6211, Fax (213) 389-4168
www.losangelesdentalassistant.com

CORONAL POLISHING COURSE REGISTRATION FORM

Name _____

Social Security Number _____ Date of Birth _____

Current Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ E-Mail _____

In case of emergency contact:

Name _____ Phone (____) _____ Relationship _____

Address _____ City _____ State _____ Zip _____

I wish to be considered for acceptance for the course scheduled on: _____

The \$299 fee for this course includes PPE (Masks, disposable gowns, gloves, etc.), coronal polishing supplies, equipment and all materials to perform the procedure.

CANCELLATION POLICY:

The fee for this board approved Coronal Polishing Course is \$299 and part of which is a NON-REFUNDABLE processing fee of \$50.00. Any cancellations, regardless of reason, **TWO WEEKS PRIOR TO THE START OF THE CLASS WILL RECEIVE NO REFUNDS WHATSOEVER AND THE ENTIRE PAYMENT IS FORFEITED.**

Signature _____

Date _____