## PIEDMONT DENTAL ASSISTANTS, INC. APPLICATION

Name:			
(First)	(Middle)	(Last)	
		Gender:	
(Month/Da	te/Year)	( <b>M/F</b> )	
Address:			
City:	State: Zip	code:	
Phone Number:	Email Add	ress:	_
Citizenship:			
	EMPLOYMEN	T AND EDUCATIONAL BAI	KGROUND
High School:			
(School Nar	ne)	(City and State)	
Graduation Date:	OR- Equivaler	ncy Date	_
College/University:			
(Scho	ool Name)	(City and State)	
Graduation Date:	Crede	ential Awarded:	
Current/Most Recent Em	ployer:		
	<u>PI</u>	ROGAM INFORAMTION	
<u>I have selected the follow</u> \$3000.00 on or befo	ing payment plan for the c ore the first day of class.	dental assisting course:	
<u>\$1055.00 down pay</u> approximately 1.5 % mor		beginning of each class (10 pay	ments). This option will cost \$25.00 extra c
\$950.00 down payn approximately 3 % more		eginning of each class (10 pays	ments). This option will cost \$50.00 extra o
	place, along with a copy of		he start of each class with any of the above s. But remember we do fill up quickly and we
Please complete the follow	ving to reserve a place in ou	ur next class:	
payment in full \$300	0.00Master Card	dMoney Or	der
\$ Down paym	ientCheck V	VisaDiscover	
Credit card #	Exp. Date	e	
Signature:		Date:	

**Cancellation Policy** 

You may cancel the enrollment agreement or contract by written or oral notice, without any penalty or obligation and receive a full refund of all monies paid prior to the first day of class. The enrollment agreement is not binding until signed by school director or designated school official. An enrollment fee of \$150.00 goes toward your tuition cost; however if you choose not to attend the program this will become a NON-REFUNDABLE fee.

How did you find out about our course?