



# LOS ANGELES DENTAL SOCIETY

Los Angeles  
DENTAL SOCIETY

## Coronal Polishing Registration

Coronal Polishing Control 2018

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Employing Dentist: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ Doctor's Fax: \_\_\_\_\_ Doctor's Email: \_\_\_\_\_

Schedule of Classes:

March 10 & March 17

July 28 & August 4

*\*Payment must be processed before materials are distributed. **NO cancellations will be accepted 5 days before the date of student's selected course.** Should cancellations occur 5 days prior to the date of the clinical course, **no refunds will be given.***

LADS member/staff, Allied Dental Health Professional:  \$325 Non-LADS member:  \$425

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Method of Payment:  Check  Visa  Mastercard  American Express

Name as appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

I understand that my employer must agree to sign the contract enclosed with this application. I also understand that the certificate of completion will only be released to me if I complete all stages of the class, if my X-rays are deemed acceptable, and if I have returned LADS-owned materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_