

# Orange County Dental Careers

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California Radiation Safety Program

## Registration

Fax, attach to an email or physically mail this form along with your payment.

Accepted forms of payment are Money Orders, Cashier's Check, Visa, MasterCard, Discover Card or American Express. Personal checks are accepted **only** if received 14 days prior to the date of the course (return check fee is \$50). Make checks payable to **George Eliades, D.D.S.**

**Non refundable \$ 250.00 for any cancellation by the candidate.**

**A complete refund of \$675.00 is issued if a class is canceled due to enrollment.**

Start date of program selected (month day, year) \_\_\_\_\_

Name \_\_\_\_\_ print clearly

Last Four Digits of Social Security Number \_\_\_\_\_ phone # \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

School or Dentist's name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX \_\_\_\_\_

Phone \_\_\_\_\_

## Course Fee \$675

Credit Card Information *must be legible*

Name on Card \_\_\_\_\_

Billing Address if different from above \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Type (Visa, M.C., ect.) \_\_\_\_\_ security code \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_