

Orange County Dental Careers

15541 Beach Blvd. Suite D Westminster, CA 92683-7114

Fax 714.657.3704 Email dentalhand@yahoo.com Phone 714.253.3204

Program #2

California Radiation Safety Course

Each Student provides 4 live patients

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 \$40). Make checks payable to **George Eliades, D.D.S.**

Start date of program selected (month day, year) _____

Name _____ print clearly

Last Four Digits of Social Security Number _____ phone # _____

Address _____

City _____

State _____ Zip Code _____

School/Employer'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 _____ security code _____

Card Number _____

Expiration

Date _____

Authorized Signature _____