

NATIONAL BOARD REVIEW COURSE DENTAL HYGIENE

Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home phone _(____)_____ Alternative phone_(____)_____

RDH____ State(s) Licensed _____ Student ____ Yr. of graduation/pending graduation _____

College Attended _____

College Address _____

Seminar fee \$375.00 NO enrollments accepted less than 10 days prior to class
Register early to insure your place since class size is limited.

Please check seminar attending:

___ May 21-22, 2012
Pemberton, NJ

Burlington, County College
601 Pemberton Browns Mills Rd.
Pemberton, NJ 08068

___ August 3-4, 2012
Jacksonville, FL

Sanford Brown Institute
10255 Fortune Parkway
Jacksonville, FL 32256

COMPUTER WEBINAR COURSES Online Course \$300.00

The online course is offered at a lesser rate due to not having travel expenses.

___ Online Class June 2 / June 16

2 Full Day Classes (GoToMeeting)
Saturday, June 2, 2012 8:00am - 5:00pm (ET)
Saturday, June 16, 2012 8:00am - 5:00pm (ET)

___ Online Class October 6 / October 13

2 Full Day Classes (GoToMeeting)
Saturday, October 6, 2012 8:00am - 5:00pm (ET)
Saturday, October 13, 2012 8:00am - 5:00pm (ET)

Cancellation Policy:

| | |
|---|------|
| Up to 3 weeks prior to the start of class | 100% |
| Between 2-3 weeks prior to the start of class | 50% |
| Less than 2 weeks | 0% |

Signature of student below acknowledges that student has read and understands the terms and conditions of this agreement as outlined in this publication.

TERMS AND CONDITIONS

This agreement is between PTRDH, the National Dental Hygiene Board Review, and the candidate hereafter referred to as "Student".

PTRDH has the right to cancel any review class within 72 hours prior to the course date with a full refund.

PTRDH has the right to substitute or add any instructor(s) due to its own discretion.

PTRDH assumes NO liability for injuries incurred while attending the board review.

PTRDH has the right to expel any student for any disruptive behavior what so ever with NO refund for the class.

Signature _____ Date: _____

Mail Check or Money Order to: PTRDH Phone: (443) 402 - 0693
PO Box 1334
Abingdon, MD 21009-0221

Due to shipping limitations by my publisher, I am not able to get copies of my books less than 10 days prior to class.