

**PRACTICAL DENTAL ASSISTING REGISTRATION AGREEMENT**

You have selected the following payment plan for the DENTAL ASSISTING course:

( ) \$2700.00 Paid-in-Full (ENCLOSED).

( ) \$260.00 Down payment (ENCLOSED),...then \$244.00 per week for ten weeks. Payments are due at the beginning of each class.

( ) \$450.00 Down payment (ENCLOSED), then \$225.00 per week for ten weeks. Payments are due at the beginning of each class.

( ) Financing through CareCredit. Apply online at BohleDental.com or call the office at 270-442-0256.  
\*\*\* The Practical Dental Assisting Registration Agreement should be fill-out along with any CareCredit application. Only the Registration Agreement will hold your spot in the class.

**REFUND AND CANCELLATION POLICY-** \*\*\*\*\*\$260.00 of all deposits is non-refundable even if a cancellation is made before the start of the first class. Your deposit holds your place in the given class.

\*\*\*\*\*All cancellations made after the first class and up to the 12th class will receive a prorated refund of any credit balance with charges made equal to a \$260.00 down payment and \$234.00 per class presented. No refund on already presented classes.

\*\*\*\*\*No refunds will be made for any reason after the 5th class.

\*\*\*\*\*Those wishing to cancel for illness or personal reasons may resume their course of study in the next class series with no penalty.

**How did you find out about our course?**

( ) newspaper ad ( ) classified listing ( ) former student ( ) radio ad ( ) other \_\_\_\_\_

A \$260.00 minimum down payment is required prior to the start of each class with any of the above plans to guarantee your place. Classes traditionally fill before starting so register early. Please complete the following to reserve a place in our next class:

( ) Personal Check ( ) MasterCard ( ) Visa ( ) Money Order ( ) CareCredit

**DOWN PAYMENT AMOUNT \$** \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Please Print)

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

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

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

Phone Number: \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Practical Dental Assisting Administrator