

REGISTRATION FORM

Today's Date: _____ Course Date and Location: _____

Doctor's Name(s): _____

Address: _____

City, State, Zip: _____

Chairside Name(s): _____

Total # Attending: _____ Telephone: _____ Email: _____

Total Tuition: \$ _____ Payment type: Check Amount Enclosed _____ Discover MC Visa

Card # _____ Exp. _____ Name on Card _____

Mail Registration or Checks payable to: The Ögram System - 8101 Boat Club Road, Ste. 240 #139 - Fort Worth, Texas 76179

Refunds: All paid tuition will be refunded in full should we cancel your course. Participant cancellations or no shows are not refundable, however, tuition payments can be applied toward our future course dates in the USA for up to one year from your previous registration date.