**SEPTEMBER 2021- JUNE 2022 MEMBER REGISTRATION FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITION INFORMATION**

Your total tuition is **$1,800.00** and includes an opportunity to earn up to 24 CE credits with 7 evening sessions, 1 morning session, 1 full day session, and our “Final Dinner”. It also includes membership into “The Seattle Study Club” network and subscription to the quarterly treatment planning journal. All tuition collected is dedicated solely to the operating costs of the high quality programming of Coastal Carolina Dental Forum.

**Payment Options (PLEASE SELECT ONE):**

Pay the **full** amount $1,800.00 due September 5th, 2021

Pay **half** payments with following payment schedule:

* $900 due September 5th, 2021
* $900 due October 5th, 2021

Pay **quarter** payments with following payment schedule:

* $450 due September 5th, 2021

* $450 due October 5th, 2021
* $450 due November 5th, 2021
* $450 due December 5th, 2021

**Payment Methods:**

Checks made payable to: Coastal Carolina Dental Forum

Credit Card Payments: You can supply credit card information below and mail/fax to Coordinator or call coordinator with payment information

Visa/MC/AmEx # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholders name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date \_\_\_\_\_\_\_\_\_\_CVS # \_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_

I would like to have payments ***automatically drafted*** from the above credit card on the above stated due dates pertaining to the payment option I chose: YesNo, I will call by each due date and make a payment

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, you agree to the terms listed above and in the Full Program Booklet that this sheet was inserted in.

**200 Doctors Drive, Suite N, Jacksonville, NC 28546**

**PH: 910-545-0106 Fax: 910-577-1078**

**coastalcarolinadentalforum.com**