

Smiles First Academy Course Registration Form



Course Name: _____

Course Date (MM/DD/YYYY): ____ / ____ / ____

To Register

Online : smilesfirstacademy.com

or

Email Form to: info@smilesfirstacademy.com

or

Call : 877-270-3077 Ext 334

First Name: _____ Last Name: _____

Company/Office: _____

Address: _____

City: _____ State/Prov: _____

Zip/Postal Code: _____ Phone: _____

Cell: _____ Fax: _____

Email: _____

Please note that by giving us your email, you are giving Smiles First Academy permission to send you emails/CEM's. We Respect your privacy and you can unsubscribe from our emails at anytime. All course information and updates will also be sent to you.

Are you an AGD Member? (If applicable) Yes No

Membership # _____

Payment Information:

VISA MasterCard Amex

Amount Authorized: _____ CVV/V no: _____

Card Number: _____ Exp. Date: _____

Card Holder Name: _____

Signature: _____

Cancellation/Refund Policy: Smiles First Academy reserves the right to cancel this course at any time. In such cases a full refund will be provided to each participant. Costs incurred for travel and hotel accommodation remain the responsibility of each applicant. Smiles First Academy is a provider of CE credits, we are a PACE-approved institution. Smiles First Academy does not necessarily support or condone all the information that is presented in this program. Smiles First Academy reserves the right to limit registration and to change the course location.

Cancellation/Refund Prior to Course Date:

0 - 30 Days: No refunds, no transfer option.

30+ Days: Full Refund (Applicable only to live courses, all online courses are non refundable.)

I accept the Cancellation/Refund Policy