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# REGISTRATION FORM

Administered by:



## 100 hr. IV Sedation Package

Spring Course (April-May)       Fall Course (Oct.-Nov.)

**NAME:** \_\_\_\_\_  **DMD**    **DDS**    **other**

**Practice Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**AGD #** \_\_\_\_\_ **ADA #** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**COSTS:**    **100 hour IV Sedation Package - \$12,870**

A DEPOSIT OF \$2,500.00 WILL HOLD YOUR SEAT

BALANCE DUE 60 DAYS PRIOR TO THE COURSE START DATE.

**DEPOSIT WILL BE REFUNDED WITH 60 DAY ADVANCE NOTICE.**

THIS DEPOSIT CAN HOLD A SEAT ON THE WAITING LIST FOR A FUTURE COURSE

**PLEASE INCLUDE A COPY OF YOUR LICENSE WITH YOUR APPLICATION  
PROOF OF COVID VACCINATION (or signed hold harmless waiver)  
NEGATIVE PPD (TB) TEST (less than 1 year old)**

Course materials, travel directions and lodging information will be sent upon receipt of registration.

**JOSEPH PORTALE, DMD, MAGD**

ASAASD, EXECUTIVE SECRETARY

555 BERGEN BLVD.

RIDGEFIELD, NJ 07657

**(201) 945-5777 | (201) 945-5667 fax**

**www.SedationForDentists.com**