



**Canadian/Comprehensive Straight Wire and Functional Orthodontic Program
Registration Form**

Please print this page to mail, fax or scan – Fields marked with an * are required.

FIRST NAME:* LAST NAME:*

EMAIL:*

ADDRESS:* _____

CITY AND PROVINCE:* _____

COUNTRY:* POSTAL CODE:*

HOME PHONE NUMBER: WORK PHONE NUMBER:

CELL NUMBER: FAX NUMBER:

PAYMENT METHOD*
Session paid in advance: Discounted Full Amount

CREDIT CARD INFORMATION

Visa
Master Card
AMEX

CREDIT CARD NUMBER: CREDIT CARD HOLDER NAME:

EXPIRY DATE (month & year): CSC CODE (code on back):

AMOUNT \$:

REGISTER BY FAX: Fax completed application to 1-877-20 (ORTHO) - 1-877-206-7846, OR

REGISTER AND SEND YOUR CHEQUE BY MAIL:

Canadian/Comprehensive Straight Wire and Functional Orthodontics

P.O. Box 2063, Caledonia, ON., N3W 2G6

REGISTER BY EMAIL: Complete, scan and email to info@grandriverdental.ca

You will receive a package of information including the receipt and the Manual for Session 1.

Hurry, available spots are running out. Given the nature of the course, the individualized treatment and the case studies, there are limited spaces and they fill up fast.

References on request at 1-877-20 (ORTHO) - 1-877-206-7846