



**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: 1 (519) 924.4746

REGISTER AND SEND YOUR CHEQUE BY MAIL:

Canadian/Comprehensive Straight Wire and Functional Orthodontics

Address: 194443 Grey Rd 13

Flesherton, Ont., N0C 1E0

Email: bondental1407@gmail.com

You will receive a package of information including the receipt and the material.

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:

Office phone and fax: +1 (519) 924-4746

Home phone: +1 (519) 924-341

Cell phone: +1 (519) 372-4746