

Laser Certification

Janet Press RDH 21st Century Dentistry

PROGRAM: _____
COURSE DATE: _____
LOCATION: _____

Attendee's
Names: _____

Office Name: _____

Address: _____

Phone: _____ Your Cell: _____

Email: _____

Many Laser Brands Are Provided During the Hands-on Session.

If you have a laser, we encourage you bring it to the program if possible.

- YES, I will bring my laser to the program. Brand _____ Model Name _____
- NO, I will not bring my laser to the program. (Please text photo of laser face you have to 7028093117)

Method of Payment

- Visa Mastercard

Card #: _____ exp: ____ / ____

Cardholder Signature _____ Billing Zip Code _____

Name on Card: _____ Security Code _____

Course Fee: \$ _____ # Attending: _____ Total: _____

Your Credit Card will be charged by 21st Century Dentistry LLC
This Company is owned by Janet Press RDH

TO REGISTER: e-mail this completed form to japress@earthlink.net
Or TEXT picture of this form 702-809-3117 or call 702-809-3117.
21st Century Dentistry, LLC (Janet Press Owner)