

Name: _____ Title _____

Address: _____

Office Phone: _____

Mobile: _____

Email: _____

Course Dates in the Metro Detroit Area:

September 21, 2012

November 9, 2012

In the process of applying for National CE Certification, at this point in time no CE can be issued.

Course Selection:

Doctor

Auxiliary

Personalized Periodontal Medicine (1 day course).....\$495ea.....\$195ea

Total number attending ----- () Doctors _____ () Auxiliaries _____

Total Amount of Authorization \$ _____

I, _____ hereby grant Impact Dental Solutions/ Dr. Doug Thompson authorization to charge my:

- Visa
- MasterCard
- American Express
- Discover

Credit card # _____

Expiration Date _____

Security Code _____

Name and Billing Address of Credit Card:

I, _____ Date _____ hereby represent that I have the authority to execute this credit card authorization and agree that this Authorization will be in effect on the date signed below. I understand and consent to the use of my credit card without my signature on the charge slip and that a photocopy or fax of this agreement will serve as an original and this Credit Card Authorization cannot be revoked.