

Strictly Dental Receptionist Inc.
The Dental Receptionist Workshop
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***PLEASE INDICATE (check mark) IF:

PAYING IN FULL BY SEPTEMBER 15th, 2021 _____ (INITIAL)
OR PAYING BY SPLIT-PAYMENT OPTION: _____ (INITIAL)

Enrollment Contract for The Dental Receptionist Workshop

Workshop Fee: \$1475.00 + GST (\$73.75) = **\$1548.75 ALL HANDOUTS ARE INCLUDED** (to be printed)!

***ONLINE Workshop: Each attendee is required to have a laptop or PC with a camera and an internet connection in order to attend the workshop.

The Dental Receptionist Workshop: 24 sessions, 2 evenings per week, 2 hours per workshop
Next Start Date: **SEPTEMBER 20, 2021** **Workshop Times:** **Mondays/Thursdays 6-8PM**

ADDITIONAL NOTES *****NO WORKSHOP SESSIONS ON OCTOBER 11 AND NOVEMBER 11**
GENERAL CLASS CONTRACT – Please read carefully!

1. Must be 18 years or older or have a high school diploma or GED.
2. A non-refundable registration fee of **\$399.00** (\$380+GST) is due upon signing this contract.
3. Tuition may be paid by credit card or e-transfer.
4. (If a payment is returned for insufficient funds, you will be charged a fee of \$50.00 which must be paid within 48 hours of NSF notification.)
5. **If paying in full:**
Balance of the fee **\$1149.75** (\$1095+GST) is due and must be PAID-IN-FULL on or before SEPTEMBER 15, 2021.
6. **If paying by Split-payment:** schedule for payments is as follows: non-refundable **\$399.00** (\$380+GST) deposit upon signing this contract plus the following payment schedule on or before:
SEPTEMBER 15, 2021 = **\$420.00** (\$400.+ GST) / OCTOBER 15, 2021 = **\$420.00** (\$400 + GST) / NOVEMBER 15, 2021 = **\$420.00** (\$400 + GST)

***Please note that the split-payment option has a built-in administrative fee of **\$110.25** (\$105.00+ GST) _____
(INITIAL HERE)

BY MAIL:

7. All forms can be mailed to:
Strictly Dental Receptionist Inc.
8940 – 157 Street
Surrey, BC, V4N 2Y5

(INITIAL HERE)

BY EMAIL:

All enrollment forms, deposits and 1st tuition payments or payments in full can be sent by email / e-transfer to
thedentalreceptionist@gmail.com

(INITIAL HERE)

PAYMENTS VIA CREDIT CARD:

All credit card payments can be made through the website portal at www.thedentalreceptionist.com under "PAY ONLINE" through the Stripe Payment secured site

(INITIAL HERE)

*****THE SPLIT PAYMENT OPTION REQUIRES A SIGNED SPLIT-PAYMENT AGREEMENT ON FILE
(PLEASE REQUEST IT IF YOU ARE DOING A SPLIT-PAYMENT OPTION VIA E-TRANSFER or CREDIT CARD)*****

8. There are no credits or refunds for missed classes.
9. ***Please note that missing more than 4 workshop sessions out of 24 will result in not being able to receive a Certificate of Completion.
10. Please note that once you are registered and wish to cancel your enrolment before September 10th, 2021, you will forfeit your deposit. Cancellations between September 10th and September 15th 2021, are responsible for 50% of the total tuition fee (\$774.38).
11. September 15th, 2021, no refunds will be issued and you will be responsible for the entire tuition fee in full (\$1548.75)
12. If you wish to defer your enrolment to a future class, you can do so, once. Please note that you need to notify Strictly Dental Receptionist Inc. in writing no later than by September 10th, 2021. After this date, you can no longer defer your enrollment.
13. The use of cell phones is strictly prohibited during the workshop.
14. If you require additional final exam sessions other than the ones designated by the workshop, you will need to pay an exam fee of \$99.00+GST. You can retake the final exam a maximum of 1 time.
15. By signing, you agree that you are voluntarily participating in The Dental Receptionist Workshop: Level 1 presented by Strictly Dental Receptionist Inc. and assume all risks to yourself and acknowledge that it is your responsibility to decide if you are physically and mentally fit for participation.
16. You understand that this is a private online training class and not affiliated with any other institution or business.
17. The Dental Receptionist Workshop content is the sole property of Strictly Dental Receptionist Inc. and is not to be recorded or taped under any circumstance. It is to be used only by the Workshop attendee as registered with Strictly Dental Receptionist Inc. and not to be shared with any other party.

I, _____, agree to abide by the conditions set forth above.

SIGNED: _____ DATE: _____

E-Mail: _____ Phone Number: _____