



**Registration Form**  
**HEALTH AND SAFETY STANDARDS POLICY AND PROCEDURE BINDER**  
\$995.00 plus HST

PLEASE COMPLETE AND FAX OR EMAIL THIS FORM TO:  
**DENTAL OFFICE CONSULTING SERVICES**

**FAX (905) 336-7938**

*DOCS IS AN AFFILIATE PARTNER OF PSHSA*



**Course Name: HEALTH AND SAFETY POLICY AND PROCEDURES BINDER**

Name of Office.....phone.....

Address.....

City/province/postalcode.....

Email.....Phone.....

**PLEASE EMAIL US YOUR LOGO AND PRINCIPAL DOCTORS NAME FOR YOUR CUSTOMIZED BINDER**

***Payment Information***

Please charge my: VISA     MASTERCARD     AMEX

**Credit card number.....exp...../.....**

**Name as it appears on card.....**

**Cardholder signature.....**

**No Refund Policy (binder is customized to your office)**