

**Dental Assisting Institute**  
**605 Standiford Ave., Suite H**  
**Tel: (209) 527-0101 Fax: (209) 661-9005**

**8 Hour Infection Control + Dental Practice Act AGREEMENT**

Last	First	Middle	Student's Soc. Sec. #
Student's Address	City	State	Zip
Phone #1	Cell Phone	Date of Birth	Email
Admin Rep			
Citizen Status	Alien #	High School Grad:	Campus: Modesto
Nationality	Marital Status	Start Date	Completion Date
			Emergency phone #

<b>COURSE TITLE</b>		8 Hour Infection Control + Dental Practice Act
Program Description		8 Hour Infection Control + Dental Practice Act
<b>TOTAL FEES, CHARGES, AND EXPENSES</b>		
<i>Registration Fee:</i>	\$ 100.00	
<i>Tuition Fee</i>	\$ 340.00	Total tuition charged for the program or course.
<i>Equipment Fee</i>	\$	
<b>Total Charges*</b>	\$ 440.00	Total you will be charged for your course of study
<b>SCHEDULE OF PAYMENTS:</b>		
	Down Payment	Paid on
Balance due:	\$	on

**\*YOU ARE RESPONSIBLE FOR PAYMENT OF THIS AMOUNT.**

By signing you understand and acknowledge that you have received and read the current course information and although placement assistance may be provided to you; you recognize that the school cannot promise or guarantee employment or income level to any student or graduate. Dental Assisting Institute does not provide refunds for courses unless the instructor cancels the course. Courses are non-transferable and non-refundable. By signing below, purchaser understands and accepts the policy of Dental Assisting Institute.

(Signature of Student)	(Date)
(Signature of Parent or Legal Guardian)	(Date)
(Signature and Title of School Official)	(Date)