

# Step Up to Introductory & Advanced Sleep Dentistry Continuum

Friday, April 7, 2017 and Saturday, April 8, 2017

Embassy Suites, Columbus, Ohio

*Always New, Always Fresh, and Always Cutting Edge*

## Application for Enrollment

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

I will attend: April 2017 Step Up Continuum (up to 15 CE hours)

Total Number of Attendees\*: \_\_\_\_\_ Doctors \_\_\_\_\_ (\$1650) Staff\* \_\_\_\_\_ (\$1100)

*\* Introductory training program to include staff*

Call 614-252-4444 for details.

*\* If multiple doctors or staff members are attending, please provide their names and contact information on a supplemental page or via a supplemental email sent to metzdts@yahoo.com*

## Payment Options

Return the completed form and payment to:

The Metz Center for Sleep Dentistry  
1271 East Broad Street  
Columbus, OH 43205

Or register online at [www.themetzcenter.com](http://www.themetzcenter.com)

### Cancellation Policy:

Written notification of withdrawal from any course must be received at least 14 days prior to the scheduled course. Cancellations will be accommodated with a one-time-only transfer of tuition and deposit to a future course. Notification less than 14 days will result in forfeit of deposit.

Payment by check, credit card or Paypal accepted.

*Make all checks payable to Dr. James E. Metz*

Name on card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ CSV Code \_\_\_\_\_

Signature \_\_\_\_\_



Approved PACE program Provider FAGD/MAGD Credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 7/1/15 to 6/30/19  
Provider ID# 348168