

Airway Mini Residency (AMR)

Airway Mini-Residency: California or New Jersey

Full Tuition: \$7,000.00 or **A la carte:** \$2,000 per session

Allied Healthcare Professionals: \$700.00 per Session

Alumni Members: \$500.00 per Session

Seminar Videos Only: \$750.00

Airway Focused Dentistry

32241 Crown Valley Pkwy., Suite 200

Monarch Beach, CA 92629

Phone: (949) 661-1006

Fax: (949) 661-9454

www.airwayfocuseddentistry.com

markcruz@markacruzdds.com

Registration Information

Customer Information

Contact Name: _____

Telephone: _____

Email: _____

Office Address: _____

Please fill out the form completely.

Return via email or fax to:

Kim Dunlop-AMR Coordinator

Fax:

949-661-9454

Mail:

Mark A. Cruz, DDS

32241 Crown Valley Pkwy, #200

Monarch Beach, CA 92629

Email: kim@markacruzdds.com

Credit Card Authorization Form

Account Type: ___ Visa ___ M/C ___ Amex ___ Discover

Account # _____

Exp. Date: _____ Security Code: _____

Cardholder Name: _____

Billing address: _____

Authorization:

I authorize Airway Focused Dentistry to debit the credit card account provided above for the purchase of product by the above customer. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.

Disclaimer:

I understand that if I am unable to honor my commitment to the AMR I will be financially responsible for the materials already given to me.

Authorized Signature: _____ **Date:** _____

