

Please print, complete and fax back. OR you can save this form to your computer, complete on screen, then attach to an email if you prefer.



700 East Palisade Avenue, Englewood Cliffs, New Jersey 07632

Phone (201) 568-0606 Fax (201) 568-0667

www.aafcinjectables.com

REGISTRATION FORM

November 12-13, 2020

New Jersey State Board of Dentistry

Accredited Course in INJECTABLE PHARMACOLOGICS

2 DAY WORKSHOP

Facial Fillers and Neurotoxins

Comprehensive Hands-On Training

Fax this completed form to (201) 568-0667 OR complete onscreen and email to rfreund@njcae.net

Name _____

Practice Name _____

Professional License Type: _____ License # _____ State _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Office Phone # _____ Cell Phone _____

Fax # _____

LOCATION: Saint Peter's University, Jersey City, NJ

Total Cost: \$3795.00 ALL INCLUSIVE

- 2 Syringes of fillers and neurotoxin (Dysport/Xeomin) for 3 areas supplied (value of over \$850)
- Additional product will be offered at a discounted rate
- One model is needed for each day (can be the same person). We suggest that the model be a staff or family member
- Mandatory 2 Day Course
- Fee includes a yearly membership to AAFC (value of \$195) – support available whenever needed!
- Breakfast and Lunch are provided

_____ Mastercard _____ Visa _____ AMEX _____ Check

Account # _____ CCV# _____ Exp. Date: _____

All Checks Payable to:

Dr. Bruce Freund
700 East Palisade Avenue
Englewood Cliffs, New Jersey 07632

I hereby authorize AAFC/Dr. Freund to charge the credit card that I have listed, to secure my place in the upcoming Seminar on November 12 & 13, 2020. I further affirm that the name and personal information provided on this form are true and correct.

I agree that this agreement may be electronically signed. I agree that the printed name appearing on this agreement is the same as my handwritten signature for the purposes of legal validity, enforceability, and admissibility.

Signature: _____

Please note: All cancellations must be received (not postmarked) in writing via mail, email to rfreund@njcae.net or fax transmission (201) 568-0667. Cancellation Policy must be strictly enforced since workshops require a great deal of planning and preparation.

- A refund will be given, less a \$200.00 processing fee if cancelled 21 days prior to the start of the workshop. Any cancellation less than 21 days will not qualify for a refund.
- Since a minimum number of registrants are necessary for each course and if we do not meet this minimum, or for any other reason beyond our control the course is cancelled or postponed, registration fee will be refunded in full. Please note AAFC is not responsible for deposits to hotels, non-refundable airline tickets or fees associated with necessary changes.

Special Note: Registration will not be taken without payment of tuition, in full. You will receive written confirmation from the office when we receive your deposit for course. Until you receive this confirmation, please do not assume you are registered for the course. If you have not received a confirmation within 10 days, please contact us. Your registration is not finalized until you receive this written confirmation from our office. We are not responsible for accommodating unconfirmed registrants in the event that maximum registration has been reached.