



Training Registration Form

One form per technician

Fax this form to (562) 426-5154 or email to marilin@tcsdentalinc.com

Tech Name _____ Title _____

Name of Lab _____

Street Address _____

City _____ State _____ Zip _____

Country _____ Telephone _____

E-mail _____ Fax _____

I will attend (please check all that apply):

- Course # 1001. tcs® FLEXIBLE PARTIALS HANDS-ON WORKSHOP: ADVANCED. \$250
- Course # 1002. tcs® SUCTION CUP WORKSHOP. \$250
- Course # 1003. tcs® FLEXIBLE PARTIALS ENTRY LEVEL. \$250

ON THIS DATE: _____

Have you worked with any type of Thermoplastic? _____

If so, which product? _____

Briefly describe your experience with the product:

What are you most interested in discussing at the tcs® workshop?

Courses held at:
TCS, Inc.
2619 Lime Ave.
Signal Hill, CA 90755

Payment: VISA / MasterCard / American Express or Check
*Please make check payable to TCS, Inc. and send to address above

Name on Card _____

Card Number _____ **Expiration Date** _____

Full payment is due prior to your scheduled course date. We will be contacting you prior to the scheduled date for further details. **Cancellation Policy:** 48 hours cancellation notice required for a refund.

For Registration questions please call: 866 426 2970 / 562 426 2970