





RESTORING THE BALANCE 2024/2025

SEABREEZE, SEASIDE, & SEA STARS HYGIENE STUDY CLUBS

ALL-INCLUSIVE TUITION *** HYGIENE, ADMINISTRATIVE, ASSISTANTS, TEAM**

Name		Date	DOB	
Office Address				
Cell	Business Pho	ne		
Personal Email				
Office E-Mail				
Fl dental license #				
**Member AGD Y or N Lic	ense #	if ap	plicable.	
**Member AGD Y or N Licon Best mode of communication	n: Phone/Voicemail	Office Email	personal Email	Text
Best Contact person within				
training, and Doctor-Team programming.				
Payment in Full \$3195.00 d	Payment Option Oue on August 31, 2024			
Payment Plan 3 payments of **Payment period: August All payments will automati	30, October 30, and th			2024.
Visa/MC/AmEx #				
Visa/MC/AmEx # Cardholder's name				
Amount	Exp. Date	· C`	VS # Zip	code
Signature			1	

Contact: Barb Murray – Coordinator

Cell: 561-723-5105 Email:studyclub@drgarine.com