



**\*Mailing Address ONLY:**  
**DENTAL CAREER INSTITUTE**  
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**\*IMPORTANT NOTICE: No walk-in's, please. THIS IS NOT OUR CLINICAL OFFICE ADDRESS.**

Month/ Day/ Year

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ License No. \_\_\_\_\_ SSN: \_\_\_\_\_ (last 4 digits Only)

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Course Information**

Course Title: \_\_\_\_\_ Option#: \_\_\_\_\_

Course Fee: \$ \_\_\_\_\_ **(NON REFUNDABLE)** Special Instructions: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Start Date: \_\_\_\_\_ (Leave it blank if TBD)

Important Notice:

We reserve the right to substitute instructors, change class location and class schedule as needed. Any class that does not meet minimum enrollment requirements may be cancelled. We Accept Company Check, Cashier's Check, and Money order.

**PAYABLE TO: Dental Career Institute**

I am the applicant for this course. I understand all the important notices/ policies and have answered them truthfully & completely. The undersigned waives any liability and legal claims against the school, Dental Career Institute, the instructor, and/or Extramural Facility during the course of this program. In addition, I understand that I need to complete all the course requirements of the program and if I am not able to complete the program on time or according to the due date I automatically fail and will be dropped from the program. If I decide to continue, I must enroll and pay the current fees again.

If the student does not attend his/her class, the registration fee will be automatically forfeited. Students must attend the first day of class to confirm registration. Students who miss the first day of class may possibly lose their slot in the class to give way to applicants on the waiting list.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_