

2015
Bay Area Aesthetic Masters Membership Application

Dr. Name _____

Office Address _____

City _____ State _____ Zip _____

Ph. : _____ Fax: _____

Email: _____

Membership

Membership is based on access to all programs in the attached yearly schedule. There may be additional charges on full day programs for food and beverage.

- \$1495 -Pay in Full
- \$1595- Payment option of \$399/Quarter

All memberships include access to:

- All Meetings
- Full Day Extravaganza- Dr Dean Kois
- Dental XP membership for those signed up by Jan 6th, 2015
- Summer Break- no sessions in July or August
- Over 30 CE units

- I would like a Dental XP membership

Payment Options:

- Enclosed is my check for _____

Credit Card # _____ (Visa or Mastercard)

Exp date(mm/yy)_____/____ Security Code _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

All study club correspondence will arrive via email and fax.

Fax Application to :650-755-0208

Mail to: 901 Campus DR 3202 Daly City CA 94015

No refunds available.