

2016
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. There are no refunds.

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

All memberships include access to:

- All Meetings
- Full Day Extravaganza- Dr. Robert Winter
- Dental XP membership for those signed up by Jan 5th, 2015
- Summer Break- no sessions in July or August
- 24 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 #202 Daly City CA 94015
No refunds available.