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YOUR SIGNATURE INDICATES YOUR AGREEMENT TO THE TERMS WITHIN YOUR CREDIT CARD ISSUER'S AGREEMENT. ONCE PAYMENT IS RECEIVED, ADDITIONAL INFORMATION AND ENROLLMENT FORM FOR DENTAL ASSISTANTS WILL BE SENT TO YOU VIA EMAIL PROVIDED TO COMPLETE THE REGISTRATION PROCESS. COMPLETING AND RETURNING THIS FORM CONSTITUTES A FINANCIALLY BINDING AGREEMENT BETWEEN THE DOCTOR AND THE PEDIATRIC DENTAL ASSISTANT ASSOCIATION. IT ALSO CONSTITUTES PERMISSION FOR DR. RHEA HAUGSETH AND THE PEDIATRIC DENTAL ASSISTANT ASSOCIATION TO COMMUNICATE WITH YOU ABOUT PAYMENTS, EVENTS, AND OTHER OFFERS.