**Radiology prep Enrollment Agreement**

**Pinnacle Institute of Dental Assisting**

**2001 E Lohman Ave Suite 123 Las Cruces NM, 88001**

**575-650-7831**

Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program information**

Dental Assisting Radiology prep course

Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evenings from 5:30PM-8:00PM

Program length 3 weeks 5 classes

**Tuition**

Program Costs $1,050

(Includes books and NM Radiology exam by DANB)

Tax $87.28

Total $1,127.28

**Payment Plan**

In full discount total $1025

Payment option down payment $400 due prior to starting Class

Remaining to be divided into 2 payments of $363.64 Per month

Credit or Debit Card will be saved on file for payments, if student is unable to finish course for whatever reason the student is responsible for the classes attended, tuition cost will be calculated and billed.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Saved on file:**

Card Number:

\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_- \_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_

CVV: \_\_\_\_\_\_\_\_\_

Card on file will be charged at the end of the month on the dates agreed on.

\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_.

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_