



**CLASS NOTIFICATION
Bone Densitometry
Limited License School**

Class Date **February 26, 27 & 28, 2010**

| | | |
|-------------|-----------------|---------------------------------|
| Time | Friday | 8:00 a.m. – 6:00 p.m. |
| | Saturday | 8:00 a.m. – 4:00 p.m. or |
| | Saturday | 11:30 a.m. – 7:30p.m. |
| | Sunday | 8:00 a.m. – 3:45 p.m. or |
| | Sunday | 9:45 a.m. – 7:45 p.m. |

Location **FORE Offices
116 South Palisades Dr. Ste 200
Santa Maria, CA 93454**

| | | |
|---------------------|--------------------------------------|--------------------|
| Fee Schedule | Non-refundable registration fee----- | \$100.00 |
| | Tuition----- | \$1,150.00 |
| | State Application Fee----- | \$75.00 |
| | Total Class Fee----- | \$1,325.00* |

**All tuition and applicable fees due at the time of registration.*

Breakfast & lunch are provided each day of the class. You will receive an information packet before your class date. The packet includes hotel information and materials to prepare you for the school. We accept the first 12 applications. Please provide an email address or fax number for notification.

To apply for the Limited License School complete and return:

- Registration Form (signature required in two places)
- Performance Fact Sheet

Classes fill quickly - please register early.



**REGISTRATION FORM
Bone Densitometry
Limited License School**

Please complete *all information* and mail or fax to: **FORE**
1814 Franklin Street, Suite 620
Oakland, CA 94612
Fax: (510) 208-7174

Student Information

| | | | |
|---------------------|------------|---|-----------|
| Name _____ | | Date of birth (<i>required</i>) _____ | |
| Address _____ | City _____ | State _____ | Zip _____ |
| Daytime Phone _____ | | Fax Number _____ | |
| Email _____ | | _____ | |

Current Occupation _____

Do you have access to a DEXA Machine? no yes - manufacturer _____

| | | |
|-------------|--------------------------------------|-------------------|
| Fees | Non-refundable registration fee----- | \$100.00 |
| | Tuition----- | \$1,250.00 |
| | State application fee----- | \$75.00 |
| | Total Tuition and Fees----- | \$1,325.00 |

Payment

Check enclosed for \$_____ VISA MasterCard (AMEX is not accepted)

| | | | |
|----------------------------------|------------------|---------------------------------------|--|
| Name as it appears on card _____ | | Billing address for credit card _____ | |
| Card number _____ | Expiration _____ | Authorization code (3 digits) _____ | |
| Signature of student _____ | | Date _____ | |



This registration form will not become operative until the student attends the first class of instruction.

Course Location **FORE**
116 South Palisades Dr. Ste 200
Santa Maria, CA 93454

Course Name **Bone Densitometry Limited License School**

FORE is registered with the State of California. Registration means we have met certain minimum standards imposed by the state for registered schools on the basis of our written application to the state. Registration does not mean we have met all of the more extensive standards required by the state for schools that are approved to operate or licensed or that the state has verified the information we submitted with our registration form.

Course Date February 26, 27 & 28, 2010

Course Fee \$1,325.00

Cancellation and Refund Policy

FORE shall refund for all students, without penalty or obligation, the total tuition and fees less the non-refundable registration fee of \$100, if notice of cancellation is made **prior to or on the first day of instruction**. Any notification of withdrawal or cancellation and any request for a refund is required to be made in writing.

Should you withdraw and complete 60 percent or less of the course, you will receive a pro rata refund. The amount owed by the student for the purposes of calculating a refund is derived by multiplying the total hours attended by the hourly charge of \$44.08 for instruction, plus the registration fee of \$100. The refund shall be any amount in excess of the amount owed by the student from what was paid by the student to FORE and includes the prepaid State application fee of \$75.

FORE shall pay or credit refunds due on a reasonable or timely basis, not to exceed 30 days following the date upon which the student's withdrawal has been determined.

Registration Form CONTINUED

Examples of the application of the cancellation and refund policy

| | Cancel prior to or on the first day of instruction | Cancellation after 8 hours of instruction | Cancellation after 14 hours of instruction | Cancellation after 15 hours of instruction |
|---|--|---|--|--|
| Registration Fee | \$100.00 | \$100.00 | \$100.00 | \$100.00 |
| Tuition Charge | \$1,150.00 | \$1,150.00 | \$1,150.00 | \$1,150.00 |
| Less Instructional Charge of \$44.23 per hour | \$0.00 | \$353.84 | \$619.22 | \$0.00 |
| State application fees | \$75.00 | \$75.00 | \$75.00 | \$75.00 |
| Refund Due* | \$1,125.00 | \$871.16 | \$605.78 | \$75.00 |

This is a legally binding agreement when signed by you and accepted by FORE.

| | | | |
|-----------------------|---------------|--------------------------------|---------------|
| | | Beverley Tracewell | |
| _____ Student Name | _____ Date | _____ FORE Program Director | _____ Date |
| _____ Signature | | _____ Signature | |