



**CLASS NOTIFICATION  
Bone Densitometry  
Limited License School**

The Foundation for Osteoporosis Research and Education (FORE) is pleased to announce openings for the Bone Densitometry Limited License School.

**Class Date** August 15, 16 & 17, 2008

**Time** **Friday**      **8:30 a.m. – 5:00 p.m.**  
**Saturday**      **8:00 a.m. – 5:00 p.m.**  
**Sunday**        **9:00 a.m. – 4:00 p.m.**

**Location** **FORE Offices**  
**300 27<sup>th</sup> Street, Suite 103**  
**Oakland, CA 94612**

<b>Fee Schedule</b>	Non-refundable registration fee-----	\$100.00
Effective Feb 15, 2007	Tuition-----	\$875.00
	State Application Fee-----	\$75.00
	 Total Class Fee-----	 \$1,050.00

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

Lunch is provided each day of the class. You will receive an information packet five weeks before your class date. The packet includes hotel information and materials to prepare you for the school. We accept the first 16 applications. Please supply 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**  
**300 27<sup>th</sup> Street, Suite 103**  
**Oakland, CA 94612**  
**Fax: (510) 208-7174**

**Student Information**

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

Current Occupation \_\_\_\_\_

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

<b>Fees</b>	Non-refundable registration fee-----	\$100.00
	Tuition-----	\$875.00
	State application fee-----	\$75.00
	<b>Total Tuition and Fees-----</b>	<b>\$1,050.00</b>

**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**  
**300 27<sup>th</sup> Street, Suite 103**  
**Oakland, CA 94612**

**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**                      **August 15, 16 & 17, 2008**

**Course Fee**                      **\$1,050.00**

**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 \$36.46 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, the prepaid ARRT examination fee of \$100.

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	\$875.00	\$875.00	\$875.00	\$875.00
Less Instructional Charge of \$36.46 per hour	\$0.00	\$291.68	\$510.44	\$0.00
State application fees	\$75.00	\$75.00	\$75.00	\$75.00
Refund Due*	\$950.00	\$658.32	\$539.66	\$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	