



Strictly Dental Receptionist Inc.

LEVEL 1: The Dental Receptionist Certificate Program

LEVEL 2: Leadership & Management Certificate Program

CLINICAL LEVEL: Theory and Fundamentals of Chairside Assisting Certificate Program

LEVEL 2: AS ADD ON TO A PREVIOUSLY COMPLETED LEVEL 1

I _____, agree to make a deposit + 2 additional payments, to Strictly Dental Receptionist Inc via E-TRANSFER at thedentalreceptionist@gmail.com OR via CHEQUE payable to “Strictly Dental Receptionist Inc.” on the following terms according to my contract and to fulfill my obligation:

DUE AT DEPOSIT = \$469.75 _____ (Date)

(Must be signed, dated and paid prior to completion of the LEVEL 1 Certificate Program)

OCTOBER 15, 2024 = \$550.00

NOVEMBER 15, 2024 = \$550.00

I understand that those payments are to be made on or before the above-mentioned dates as they are tuition payments for the **LEVEL 2: Leadership & Management Certificate Program (IF LEVEL 1 WAS PREVIOUSLY COMPLETED)** as presented by Strictly Dental Receptionist Inc and according to the contract. I understand these payments are not optional and they are due and payable according to my contract whether I choose to complete the program or not. I am being granted a courtesy by Strictly Dental Receptionist Inc. to pay them in this fashion according to the split-payment option as outlined in my Enrollment Contract.

In addition, a LEVEL 2: Leadership and Management Certificate Program Enrollment Contract must be signed and completed)

(SIGNATURE)

(DATE)