ALLAN HANCOCK COLLEGE
CHANGING *the* ODDS

CONTRACT EDUCATION

INVOICE # _____
Registration and Payment Form

Prepayment is required for registration

Date: _____

TRAINING:	**INFECTION CONTROL IN DENTISTRY**		
Date(s) and Time(s):	July 31, 2026 from 8:00 AM to 5:00 PM		
Location:	AHC, Rooms M-114 and M-115, 800 S. College Dr., Santa Maria, Ca 93454		
Cost:	$350 per student		
Attendee(s):			
		TOTAL AMOUNT DUE:	$ 0.00

NAME OF AGENCY:	
Billing Contact:	
Signature of Contact*:	
Street Address:	
City, State, Zip Code:	
Phone:	
Email:	

*** Your signature above confirms that you agree to all the items, terms, conditions, and fiscal charges associated with the training.**

PAYMENT:							
By CREDIT CARD ☐	**Method of Payment:** (check one):	◯ VISA	◯ MasterCard	◯ Discover	◯ American Express		
	PRINT Name (as it appears on the card):						
	CREDIT CARD #:						
	Security Code (CVC):		**Expiration Date:**				
	PRINT Address (associated with the card):						
	Authorizing Signature:	**I authorize Allan Hancock College to charge the card above for the total amount due.**					
☐	**Check to request a RECEIPT**						
By CHECK ☐	Mail this FORM and your CHECK to:	Allan Hancock College Attn: Julia Sokolovska ~~One~~ Hancock Drive, Lompoc, CA 93436					
AHC Business Services ONLY:	FOAP 1-110001-BHS-883100-701000						

Questions? Julia Sokolovska
julia.sokolovska@hancockcollege.edu
(805) 922-6966 ext 5346

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