



2025 – 2026 STUDY CLUB OF THE ROCKIES TUITION AGREEMENT

Name: _____ Date: _____

Practice Name: _____

Address: _____

Business Phone: _____ Mobile Phone: _____

Preferred Email: _____

Preferred In-Office Contact Person: _____

How would you like to be contacted regarding study club updates? € Text | € Email | € Phone

TUITION INFORMATION

- ☐ The total tuition for a doctor's level membership in the Study Club of the Rockies is \$2,750. This may be paid in full or broken into 10 monthly payments of \$275.
- ☐ All tuition collected is dedicated solely to the operational costs for the 2025-2026 academic year.
- ☐ Registration fees are due by September 25, 2025.

PAYMENT IN FULL OR MONTHLY PAYMENTS (PLEASE SELECT)

- ☐ One-time payment of \$2,750
- ☐ 10 monthly payments of \$275 each

FORM OF PAYMENT (PLEASE SELECT)

- ☐ **Credit/Debit Card**
 - Name on Card: _____
 - VISA/MC/AMEX Number: _____
 - Expiration Date: _____ Security Code: _____ Billing Zip Code: _____
- ☐ **Check**
 - Please make check payable to: Reynolds Oral and Facial Surgery
 - Mail to: Reynolds Oral and Facial Surgery – 3520 E 15th St Ste 102, Loveland, CO 80538

I agree to allow Reynolds Oral and Facial Surgery to charge the amount listed to my credit/debit card as a one-time payment, or as a monthly payment, as selected above.

Signature Date

Please email completed form to info@reynoldsoralfacial.com or fax to 970-663-2669.