Penn Dental Medicine

Continuing Dental Education

Course Registration Form - submit one form per attendee

∗ Please print for accuracy ∗ Course Date(s) & Times _____

Course Title: (Abbreviation) _____

Attendee Info: (Circle all that apply) DMD DDS RDH CDA / MR. MRS. MS. MISS. / SR. JR. other_____

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐

Zip: ☐☐☐☐☐ (Circle all that apply) PENN: ALUMNI / EMPLOYEE TEMPLE: ALUMNI / EMPLOYEE

Business Phone: ☐☐☐-☐☐☐-☐☐☐☐ Fax: ☐☐☐-☐☐☐-☐☐☐☐

E-mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

License #: _____ State: ☐☐

Do you require special accommodations? Yes ☐ No ☐ If so, we will call you.

Payment: Total Amount: $☐☐☐.☐☐ Promo code: _____

☐ Check ☐ Money Order - made payable to "UNIVERSITY OF PENNSYLVANIA"

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: mm/yy ☐☐ / ☐☐ (Circle credit card type) VISA MC AMEX DISC

Name of Cardholder: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(As it appears on the card)

Signature: _____ Date: _____

(Required for credit card purchases)

Mail to: Penn CDE, The Robert Schattner Center, 240 South 40th Street, Philadelphia, PA 19104-6030

Or fax to: (215) 573-5742

A confirmation letter, including directions, will be sent to you (or mailed if necessary) after payment is received. Written refund requests will be honored up to four working days before the course date minus a $50 administration fee (or 20% -- whichever is less). Penn CDE reserves the right to change speakers or postpone the course due to unforeseen circumstances. Any weather emergencies will be announced on the outgoing message at 1-866-PENN-CDE.

For office use: DB: _____/_____/_____ Conf: _____/_____/_____

Revised 7/15/08

http://www.dental.upenn.edu/lifelong/seminars.html