

REGISTRATION FORM

Continuing Dental Education Summer Symposium July 23-27, 2012

Mr. Ms. Dr.

Name _____ Degree _____

Name as you would like on your name badge _____

Email Address _____

Employer _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____

How did you hear about the Symposium?

Postcard AGD Journal PA Dental Association Newsletter DE Dental Society Newsletter DCEdental eNewsletter
 VA Dental Association website Sybertooth website Email Web search Word of mouth Other: _____

Symposium Registration Fee—Full payment is due with registration. Please indicate the program(s) you wish to register for. If you are registering for the week, please select the Monday and Friday seminars you will attend.

Dentist rate:

Weekly rate\$750200-001
 Mon. (*Sleep Disordered Breathing*)\$225201-001
 Mon. (*Mid-Atlantic P.A.N.D.A.*)\$225201-003
 Tues. (*Art of Making Smiles*)\$225202-001
 Wed. (*Clinical Pharmacology*)\$225203-001
 Thurs. (*Predictable Esthetic Dentures*)\$225204-001
 Fri. (*Nutrition and Nutraceuticals*)\$225205-001
 Fri. (*Implants*)\$225205-003

Dental Hygienist/Team Member rate:

Weekly rate\$375200-002
 Mon. (*Sleep Disordered Breathing*)\$100201-002
 Mon. (*Mid-Atlantic P.A.N.D.A.*)\$100201-004
 Tues. (*Art of Making Smiles*)\$100202-002
 Wed. (*Clinical Pharmacology*)\$100203-002
 Thurs. (*Predictable Esthetic Dentures*)\$100204-002
 Fri. (*Nutrition and Nutraceuticals*)\$100205-002
 Fri. (*Implants*)\$100205-004

Enclosed is my check for \$ _____ made payable to the University of Delaware.

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic funds transfer from your account or to process the account as a check transaction.

Please charge \$ _____ to my Visa MasterCard American Express Discover

Card No. _____ Exp. Date _____ Security Code (*on back of card*) _____

Authorized Signature _____

RETURN TO:

Continuing Dental Education Summer Symposium
University of Delaware
Division of Professional and Continuing Studies
203 John M. Clayton Hall, Newark, DE 19716-7410
Attn: Registrar
 Phone: 302-831-7600 • Fax: 302-831-0701

**Registrants are responsible for all fees unless
 written cancellation is received by July 16, 2012.**

Please duplicate form for additional enrollments.