

APPLICATION

MAIL TO: CONTINUING DENTAL EDUCATION
UNIVERSITY OF WASHINGTON
BOX 357137
SEATTLE, WA 98195-7137

FAX TO: (206) 543-6465

COURSE NUMBER	COURSE TITLE	COST	NUMBER OF CREDITS

APPLICANT

NAME BIRTH MONTH *(we'll remind you to complete your CE credits!)*

PREFERRED MAILING ADDRESS: WORK HOME

CITY STATE ZIP

DAYTIME TELEPHONE FAX

DEGREE ARE YOU A GRADUATE OF THE UW SCHOOL OF DENTISTRY? YES NO IF YES, WHAT YEAR?

SPECIALTY

ADDITIONAL APPLICANT

NAME POSITION

Checks should be made payable in U.S. currency to the University of Washington. Mail to: Continuing Dental Education, University of Washington, Box 357137, Seattle, WA 98195-7137 or FAX to (206) 543-6465. For additional information, call (206) 543-5448 or toll free (866) 791-1278. You may charge your tuition by filling out the information below and signing this form.

Visa MasterCard check enclosed

CARD ACCOUNT NUMBER EXPIRATION DATE

FULL NAME (AS IT APPEARS ON CARD)

CARDHOLDER'S SIGNATURE

The Director reserves the right to select participants, limit enrollment, cancel courses, or change locations if necessary. No refunds will be granted less than one week prior to a course. Lecture course cancellations are subject to a \$40 processing fee, plus a \$10 fee for each "additional applicant." Participation courses have a \$100 non-refundable deposit. Course fees will be used to cover the costs of these courses, and could include, but not necessarily be limited to, any or all of the following expenses at the discretion of the Director of Continuing Dental Education: honoraria, travel, advertising, audiovisual aids, course equipment, handouts, food service, alcoholic beverages and expenses associated with hosting speakers. The CDE Office accepts no responsibility for travel expenses or penalties incurred by course registrants in the event of a course cancellation or revision.

CDE OFFICE USE ONLY

AMT. PAID PER COURSE CHECK # BANK # DATE

REMITTER TOTAL

REMITTER ADDRESS