

Please note that registration for courses offered in partnership with other dental organizations is not through UW CDE. Please refer to the course description for details.

APPLICATION

Mail to: Continuing Dental Education
University of Washington, Box 357137
Seattle, WA 98195-7137

FAX to: (206) 543-6465 **Email to:** dentalce@uw.edu

COURSE NUMBER	COURSE TITLE	COST	NUMBER OF CREDITS
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APPLICANT

NAME _____ BIRTH MONTH (We'll remind you to complete your CE credits) _____

PREFERRED MAILING ADDRESS WORK HOME _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE _____ FAX _____

EMAIL _____

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

ARE YOU A DUES PAYING MEMBER OF THE UW DENTAL ALUMNI ASSOCIATION? YES NO

HOW WOULD YOU LIKE TO RECEIVE YOUR COURSE HANDOUTS? PAPER EMAIL

ADDITIONAL APPLICANT

NAME _____ POSITION _____

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.

Visa MasterCard American Express Discover check enclosed

CARD ACCOUNT NUMBER _____ EXPIRATION DATE _____ CVV Code _____

FULL NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS FOR CREDIT CARD USED:

Same as mailing address above

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

ENTERED BY _____ DATE _____ TRANS. NO. _____ RECEIPT SENT _____