

## **2020 ORTHODONTIC MINI-RESIDENCY**

**DUE TO WORLDWIDE HEALTH AND TRAVEL CONCERNS RELATED TO COVID-19, THIS COURSE WILL BE OFFERED AS A LIVE WEBINAR, 7AM-1PM PDT (GMT-8)**

### **DATES**

Monday – Friday, August 31 – September 4, 2020

### **COURSE SYNOPSIS**

This summer, members of the University of Washington School of Dentistry faculty will offer an intensive five-day lecture series on current clinical concepts in orthodontics. The enrollment is limited to 12 individuals in order to maximize the learning environment, allowing the participants to interact closely with some of the leading orthodontic clinicians and researchers in the United States. This year, speakers are scheduled to include Abhishake Banda, Burcu Bayirli, Anne-Marie Bollen, Robert Cohanin, Geoff Greenlee, Stan Hall, Tim Hess, Greg Huang, Donald Joondeph, Hitesh Kapadia, Paola Leone, Rooz Khosravi, Doug Ramsay, Chris Riolo, Barbara Sheller, Stuart Taylor, David Turpin, Greg Vaughn, Siddhartha Vora, and Heather Woloshyn. Lectures will reflect the current clinical and research interests of the faculty, and will include the topics listed below.

### **PREREQUISITES**

Participants must be Board qualified or have been trained in a formal orthodontic program overseas.

### **LOCATION**

Online live webinar via Zoom

### **TUITION**

\$1,500 (U.S. funds payable by wire, check, money order, VISA, MasterCard, American Express or Discover only.)

### **CONTINUING EDUCATION CREDIT HOURS**

30



The University of Washington is an ADA CERP recognized provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The University of Washington designates this activity for 40 continuing education credits.

**ENROLLMENT AND REGISTRATION INFORMATION**

Enrollment is limited to twelve participants. Pre-registration is required.

*\*This course is expected to sell out. Please register early to secure your seat.*

You may register for this program by:

1. Filling out the attached application and return to:  
University of Washington Continuing Dental Education  
Box 357137  
Seattle, WA 98195  
Fax: +1 (206) 543-6465; Email: [dentalce@uw.edu](mailto:dentalce@uw.edu)
2. Telephone: +1 (206) 543-5448; +1 (866) 791-1278 (toll free within United States)

**REFUND, CANCELLATION AND WAITING LIST POLICIES**

A participant may cancel at any time. Tuition, minus a \$250 processing fee, will be refunded up to two months before the program begins. If a cancellation occurs less than two months before the program begins, a refund, minus a \$250 processing fee, will be given only if a replacement for the withdrawing registrant can be found by the CDE office. The University of Washington accepts no responsibility for travel expenses or penalties incurred by course registrants in the event of course cancellation or revisions in the schedule. A complete refund will be granted to attendees if course participation is not sufficient. If the program sells out, those applications received after will be put on a waiting list in the order received. If a spot does become available, you will be notified. Those on the waiting list will be given first priority the next year. No payments will be processed unless the individual is accepted into the program.

**QUESTIONS?**

Please contact University of  
Washington Continuing Dental  
Education.

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+1 (866) 791-1278 (toll free within  
United States)

Email: [dentalce@uw.edu](mailto:dentalce@uw.edu)



## 2020 ORTHODONTIC MINI-RESIDENCY APPLICATION FORM

University of Washington School of Dentistry

August 31 – September 4, 2020

7am-1pm PDT (GMT-8) daily

**Course Number:** CE2019

**Tuition:** \$1,500

**Credit Hours:** 30

### REGISTRANT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
 Home  Business

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone (with area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
School/Year Graduated

\_\_\_\_\_  
Degree

### PAYMENT INFORMATION

Method of Payment:

Check  Wire Transfer  Credit Card (specify):  Visa  MC  Discover  Amex

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV Code

\_\_\_\_\_  
Name (as it appears on the credit card)

\_\_\_\_\_  
Billing Address (If different from mailing address)

**Mail, fax or email the application and payment to:**

University of Washington Continuing Dental Education

Box 357137

Seattle, WA 98195-7137

**Telephone:** +1 (206) 543-5448; +1 (866) 791-1278 (toll free within United States)

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