

Registration Form: Fax or Mail to:

Martha C Clements, MEd, Continuing Dental Education Consultant

MWU College of Dental Medicine – Arizona, 19555 North 59th Avenue, Glendale, AZ 85308

Phone 623-572-3870 Fax 623-572-3830

Make as many copies as you will need for each course registration and/or participant.

Program Date _____

Program Title _____

Program Tuition: \$ _____ AGD # _____

Professional Degree _____ (DDS, DMD, BDS, PhD, Dental Student, RDH, CDA, DA, Office Staff)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Would you like for us to use this email address to alert you of new course offerings? Yes _____ No _____

Office Phone _____ Fax _____

Mobile Phone _____

What dental school did you graduate from? _____

What year? _____

If you have special dietary considerations you would like us to accommodate:

What other topics, series or speakers would you like to see offered?

Payment Methods: Make checks payable to Midwestern University and mail with Registration Form(s)

The College of Dental Medicine accepts the following credit cards: American Express, Diners Club, Discover, JCB, MasterCard and Visa.

Credit Card: Complete the required information: (card information is not held on file)

Type of Card: _____ AMX _____ Diners Club _____ Discover _____ JCB _____ MasterCard _____ VISA

Account Number _____ Expiration Date _____

Code on Card _____ Name on Card _____

Signature of Card Holder _____