

**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, Arizona 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 Title: MWU College of Dental Medicine's 7<sup>TH</sup> Alumni Continuing Education Event**

**Program Tuition: \$ 99**

**AGD # \_\_\_\_\_**

**Year of Graduation \_\_\_\_\_**

**Attendee's 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 topics or presenter would you like to see offered 2023 \_\_\_\_\_**

**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, MasterCard and Visa.**

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

**Type of Card: \_\_\_\_\_ AMX \_\_\_\_\_ Diners Club \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA**

**Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_**

**Name on Card \_\_\_\_\_**

**Signature of Card Holder \_\_\_\_\_**