

**Registration Form: Fax or Mail to:**

**Martha C Clements, MEd, Continuing Dental Education Consultant**

**MWU College of Dental Medicine – Arizona, 1955 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 February 25, 2022**

**Program Title Bicon® Hands-On Practical Course**

**Program Tuition: \$500**

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

**Professional Degree \_\_\_\_\_ (DDS, DMD, BDS, PhD)**

**Dental Student: What year? \_\_\_\_\_**

**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 \_\_\_\_\_**