

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 6TH Alumni Continuing Education Event

Program Tuition: \$ 59

AGD # _____

Year of Graduation _____ Campus _____

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 other topics or series 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 _____

Name on Card _____

Signature of Card Holder _____