

# Refresher: Local Anesthesia and Nitrous Oxide Analgesia for Licensed Dental Hygienists and Dentists March 15-17, 2024

**Send Registration Form and Documentation 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**

**Program Dates: In-Person Clinic: Friday – Sunday, March 15 – 17, 2024**

**Full Program Tuition or \$790 Professional Designation: DDS, DMD, RDH \_\_\_\_\_**

**Includes all supplies, materials, and lunch for the in-person session.**

**Name \_\_\_\_\_**

**Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Email \_\_\_\_\_ Special dietary considerations: \_\_\_\_\_**

**Dental Office Phone \_\_\_\_\_ Fax \_\_\_\_\_**

**What state is your license: \_\_\_\_\_ What year: \_\_\_\_\_**

**Please provide copy of License - Send copy to Martha Clements, fax or scan copy  
(mcleme@midwestern.edu)**

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

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