

Application Form

PLEASE TYPE OR PRINT

COURSE NUMBER	COURSE TITLE	COST	NUMBER OF CREDITS
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APPLICANT

NAME _____

PREFERRED MAILING ADDRESS: WORK HOME _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE _____ FAX _____

EMAIL _____ ARE YOU INTERESTED IN RECEIVING FUTURE COURSE INFO VIA EMAIL? YES NO

DEGREE _____ ARE YOU A GRADUATE OF THE UW SCHOOL OF DENTISTRY? YES NO IF YES, WHAT YEAR? _____

ADDITIONAL APPLICANT

NAME _____ POSITION _____

Checks should be made payable in U.S. currency to the University of Washington. Mail to: Continuing Dental Education, University of Washington, Box 357137, Seattle, WA 98195-7137 or FAX to (206) 543-6465. For additional information, call (206) 543-5448 or toll free (866) 791-1278. You may charge your tuition by filling out the information below and signing this form.

Visa MasterCard check enclosed

CARD ACCOUNT NUMBER _____ EXPIRATION DATE _____

FULL NAME (AS IT APPEARS ON CARD) _____

CARDHOLDER'S SIGNATURE _____

The Director reserves the right to select participants, limit enrollment, cancel courses, or change locations if necessary. No refunds will be granted less than one week prior to a course. Lecture course cancellations are subject to a \$40 processing fee, plus a \$10 fee for each "additional applicant." Participation courses have a \$100 non-refundable deposit. Course fees will be used to cover the costs of these courses, and could include, but not necessarily be limited to, any or all of the following expenses at the discretion of the Director of Continuing Dental Education: honoraria, travel, advertising, audiovisual aids, course equipment, handouts, food service, alcoholic beverages and expenses associated with hosting speakers. The CDE Office accepts no responsibility for travel expenses or penalties incurred by course registrants in the event of a course cancellation or revision.

CDE OFFICE USE ONLY

AMT. PAID PER COURSE	CHECK #	BANK #	DATE
REMITTER	TOTAL		
REMITTER ADDRESS	_____		
ENTERED BY	DATE	TRANS. NO	RECEIPT SENT
REFUNDED OR TRANSFERRED AMOUNT	BY	DATE	CONFIRMATION SENT
ENTERED BY	DATE	TRANS. NO.	RECEIPT SENT