University of Michigan School of Dentistry
Continuing Dental Education

Course Registration Form

Return this form to:
Office of Continuing Dental Education
University of Michigan
Room G508 Dental School
1011 North University Avenue
Ann Arbor, MI 48109-1078

PH 734 763-5070
FX 734 936-3065

Course Numb. _____

Course Title _____

_____

Date(s) _____

_____

_____

_____

_____

Name _____

Adddress _____

City,St.,Zip _____

Phone _____

Fax _____

Email

Dental Sch. Attended _____

Year Grad _____

Specialty _____

Professional License No. _____

Social Security Number _____

Payment Type _____ ☐ VISA ☐ MasterCard ☐ Check

Name on Card _____

Card Number _____

Card Expiration _____

Amount _____

Signature _____

You will receive a confirmation letter in the mail after your registration has been processed.