

Continuing Dental Education Enrollment Form

TO ENROLL

CALL 800-643-9671
OR 816-235-2142

OR FAX THIS FORM TO
816-235-5892

TO ENROLL BY PHONE (with a credit card)

Call (816) 235-2142 or (800) 643-9671. CDE staff will need to know your credit card number and its expiration date.

People with speech or hear-ing impairments can contact the University by using Relay Missouri, (800) 735-2966 (TT) or (800) 735-2466 (voice).

TO ENROLL BY MAIL (with a check or credit card)

Complete this enrollment form and send it with your payment (enrollment is not complete without payment) to:

UMKC Continuing Dental Education, 650 E. 25th St., Rm. 411, Kansas City, MO 64108-2784. Please use one form per person.

Course # _____ Tuition \$ _____

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Dr. Mr. Ms. Mrs.

Name _____ AGD# _____

Address _____
Street City State ZIP

Day phone (____) _____ Evening phone (____) _____ Fax # (____) _____ E-mail _____

UMKC Graduate? Yes No DDS/DMD RDH DAU Other _____ Year of graduation _____

Check Enclosed # _____ (Payable to the UMKC Continuing Dental Education)

Visa MasterCard Amex Discover Exp Date (MM/YY) _____

Card number _____

Cardholder's Name _____

Zipcode for CC _____