

# CONTINUING EDUCATION COURSE ENROLLMENT

## UMKC SCHOOL OF DENTISTRY

TO ENROLL, PLEASE FILL OUT THIS FORM AND SEND VIA:

MAIL	EMAIL	FAX	PHONE
UMKC School of Dentistry Continuing Education Department 650 E. 25 <sup>th</sup> Street, Room 411 Kansas City, MO 64108	Send to: umkc dentalce@umkc.edu	Send to: (816) 235-5892	Call: (816) 235-2142

### COURSE INFORMATION

*If attending more than one course, please send in separate sheets for each course.*

COURSE TITLE: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_ TUITION: \$ \_\_\_\_\_

### ATTENDEE INFORMATION

*If attending in a group, please send separate sheets for each individual. All information cited below will be used to communicate course details and for your CE verification letter verifying your participation in the course.*

TITLE: ☐ DR. ☐ MRS. ☐ MR. ☐ MS. ☐ OTHER \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGD NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

CREDENTIALS: ☐ DDS ☐ DMD ☐ RDH ☐ DA ☐ OTHER \_\_\_\_\_

### PAYMENT INFORMATION:

*If paying for multiple people, please indicate on form who else is covered by the payment below.*

CHECK (Made payable to: UMKC School of Dentistry Continuing Education)

ENCLOSED CHECK NUMBER: \_\_\_\_\_

or

CARD

CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_