



OFFICE OF CONTINUING DENTAL EDUCATION

REGISTRATION FORM: You will receive acknowledgement of your enrollment by mail. Duplicate and complete one registration form for each registrant and send, along with payment, to the address below. Registrations will be accepted in order or receipt. Please direct all questions to the Continuing Dental Education office at (901) 448-5386, or email utcde@uthsc.edu.

Name _____ Last 4 digits of SS# _____

Mailing Address _____ City, State, Zip _____

Day Phone _____ Fax _____ Email _____

First Course _____ Course Date _____ Tuition _____

Second Course _____ Course Date _____ Tuition _____

Third Course _____ Course Date _____ Tuition _____

Total Amount Due _____ Pay by: Check Visa MasterCard V-Code _____ Exp. Date _____

Card Number _____ Signature _____

Make checks payable to **The University of Tennessee.**

Send completed application with payment to:

Office of Continuing Dental Education, 875 Union Avenue, Memphis, TN 38163.

To register by phone, call (901) 448-5386 or fax completed application and credit card number to (901) 448-1514.