

TO ENROLL BY MAIL: Please fill in this Registration Form completely and send in with your payment (enrollment is not complete without payment) to the address below.

UTHSCSA Dental School
Continuing Dental Education and Alumni Affairs MSC 7930
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900



The University of Texas Health Science
Center at San Antonio is an ADA CERP
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TO ENROLL BY PHONE: Please Call (210) 567-3177

TO ENROLL BY FAX: Please FAX your completed registration form to (210) 567-6807

People who are hearing or speech impaired may call TTD Message-Relay Texas at (800) 735-2989 or (800)735-2988.

Course Title: _____ Course Date: _____

Course Fee: \$ _____ DDS DMD RDH RDA DLT ADP

Date of Birth: _____

Last Name: _____

First Name: _____

Dental School : _____ Year of Graduation: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Office Address: _____ Suite #: _____

C/O: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Office Phone: _____

Home Phone: _____

Fax No: _____

Enclosed Check (Payable to UTHSCSA):

Check Mastercard Visa Discover

Check Number: _____

Credit Card Number: Include 3-digit ID on back of card: _____

Expiration Date: _____

Cardholder's Name: _____