

REGISTRATION FORM

www.slodentalce.com
info@slodentalce.com
805-366-3344

Please complete this form and submit it back to us by emailing it to **info@slodentalce.com**

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone #: _____
Email: _____



Course	Date	Location
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Payment Instructions

- A \$100 fee will be collected for materials used during class
- A \$100 reservation fee is collected at the time of registration to save your seat
- Please make check payable to SLO Dental CE
- For Credit Card payment, complete the following information:

Card (Visa, MasterCard, American Express)

Card Number: _____

Expiration Date: _____

Name on the Card: _____

3 Digit Code: _____

Zip Code: _____

