

You will receive acknowledgement of your enrollment by mail. Please duplicate and complete one form for each registrant. Registrations will be accepted in order of receipt.

Please circle one: DDS DMD RDH RDA CDT Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Yes, I want to receive email notifications of upcoming CE programs at UT. I would also like to be notified of course updates via email.

\_\_\_\_\_  
Name last 4 digits of SS#

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Office Phone Office Fax

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Cell Phone

Preferred mailing address (circle one): Office Home

Preferred contact number (circle one): Office Home

First Course: \_\_\_\_\_

Course Date: \_\_\_\_\_ Tuition: \_\_\_\_\_

Second Course: \_\_\_\_\_

Course Date: \_\_\_\_\_ Tuition: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Circle one: Check Visa MasterCard

\_\_\_\_\_  
Check/Card Number Expiration Date

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

Make checks payable to The University of Tennessee.

Send completed application with payment to:

**Continuing Dental Education**  
**875 Union Avenue**  
**Memphis, TN 38163.**

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



Visit our website at <http://cde.utmem.edu> to view a list of our self-instructional CE courses or to view our cancellation policy.