

# Temple University Kornberg School of Dentistry

## Continuing Education Registration Form

Name: \_\_\_\_\_

DMD DDS RDH EFDA DA Temple Student Temple Resident Temple Faculty  
Temple Alumni, Class of \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Fax: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*Confirmation letter is faxed or emailed, so please provide accurate information.

DOB (Needed to process any registration): \_\_\_\_\_ (XX/XX/XXX)

Dietary Needs: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Fax: 215-707-7107

Checks can be made out to: TUKSoD/CE

### Mailing Address:

Temple University Kornberg School of Dentistry  
Office of Continuing Education  
3223 N. Broad Street, Room 301  
Philadelphia, PA 19140  
ATTN: Nicole Carreno

### Credit Card:

If you wish to pay via credit card you may fax your completed registration form to 215.707.7107 or call 215.707.7541.

We accept Visa, Discover, MasterCard, American Express. You will be contacted for your information over the phone.

### Cancellation and Refund Policy

Full refunds are granted, less a \$50 administrative fee per course/person, if we receive your written cancellation five business days prior to the start of the course. No refunds are granted after that time.