

REGISTRATION FORM

Please photocopy this form



Name _____ Degree _____

Address _____

Address _____

City _____ State _____ ZIP _____

Email _____ Please send confirmation by email

Office Phone _____ Cell Phone _____

Fax _____ Home Phone _____

Please check:

General Dentist Specialist (Please Specify) _____ Yr. of Graduation _____

PLEASE REGISTER ME FOR THE FOLLOWING COURSES:

COURSE CODE	TITLE	DATE	TUITION
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$

PAYMENT INFORMATION

Check or Money Order payable to: "Rutgers-CDE"

Please charge my: MasterCard Visa Discover

Card # _____ Exp. Date _____

Signature _____

Card Holder's Name (If different from Registrant) _____



4 WAYS TO REGISTER:

ON-LINE:
cde.sdm.rutgers.edu

BY PHONE:
1-866-720-1971 or
973-972-6561
*Monday to Friday
8:30 a.m. to 4:30 p.m.*

BY FAX:
1-973-972-7741

BY MAIL:
*Complete & mail
registration form to:*
Rutgers School of
Dental Medicine
Continuing Dental
Education
110 Bergen Street, B701
Newark, NJ 07103

**For more information
please contact us by:**
PHONE: 973-972-6561
EMAIL: cde@sdm.rutgers.edu

Note: Residents and students must include a letter from their program director verifying their student status.

Course Locations are noted with the course description. Directions are sent with the confirmation package (for registrations received at least 2 weeks prior to course).

Or they may be found on-line at cde.sm.rutgers.edu.

Special Needs: If you require special services, facilities or dietary considerations to support your participation in our activities, please contact Sherri Wilson at 973-972-6561.

Next NJ Dental License Renewal due October 31, 2013