

DENTAL

CONTINUING DENTAL EDUCATION

PLEASE PRINT

Your Information:

NAME _____ DEGREE _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ Please send confirmation by Email

OFFICE PHONE _____ CELL/HOME PHONE _____

FAX _____

Please check:

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

Please check if UMDNJ: Alumni Faculty Staff Student

Please register me for the following courses:

COURSE CODE	TITLE	DATE	TUITION
09D			\$
09D			\$
09D			\$
09D			\$
09D			\$
		TOTAL	\$

Payment Information:

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

Please charge my: MasterCard Visa

CARD #: _____ EXP. DATE _____

SIGNATURE: _____

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



On-line:
cde.umdny.edu

By Phone:
1-866-720-1971
or 973-972-7103
• 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:
• UMDNJ-Continuing Dental Education
110 Bergen Street, B701
P.O. Box 1709
Newark, NJ 07101-1709

For more information please contact us by:
• PHONE: 973-972-6561
• EMAIL: cde@umdny.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.umdny.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, 2009

