

**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
			\$
			\$
			\$
			\$
			\$
		<b>Total</b>	\$

**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**