

REGISTRATION FORM

Register on-line at: www.cde.utoronto.ca

or mail, fax or call in your registration to:

Registration Continuing Dental Education
University of Toronto, Faculty of Dentistry
124 Edward Street, Room 527, Toronto ON M5G 1G6
Enquiries: 416-979-4902
Fax: 416-979-4941
E-mail: cde@dentistry.utoronto.ca

You may also mail or fax the completed application form below or call in your registration.

Name: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Telephone Res: _____ Bus: _____

E-mail: _____

Special food requirements: _____

Payment Information: *(Check one)*

Cheque Visa Mastercard

Please make cheque payable to **University of Toronto**

I authorize the amount of: \$ _____ to be charged to my credit card.

Credit Card No.: _____

Exp: _____

Signature: _____ Date: ____/____/____

mm dd year

Register for 2 or more courses at the same time
and **SAVE 10% on the tuition fee!**

Full course information (location, times, etc.) will be sent to you upon registration.

Course Name: _____

Course Date: _____ Course Number: _____ Course Tuition: \$ _____

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Course Date: _____ Course Number: _____ Course Tuition: \$ _____

Cancellation Policy: Two weeks prior to course date – 100% refund. One week prior to course date – 50% refund. There is no refund for cancellations after one week prior to course date.