

University of New England
Westbrook College of Health Professions
Office of Continuing Professional Education
And Department of Dental Hygiene

Dental Assistant Radiology Exam Prep Course Registration Form
June 11th and 12th, 2020

Name: (Last) (First) (Middle Initial)

Home Address

Employer Name & Address

Work Telephone # Home Telephone # E-mail Address

Please mail my registration confirmation to my: ' work ' home

It is acceptable to contact me at my place of employment: ' yes ' no

Course Fee: \$90.00

Deposit due with registration \$50.00

Balance due 15 days prior to course start date

Check Enclosed (payable to University of New England)

If you wish to pay all or part of your registration by credit card or purchase order, please complete the following:

Bill my: MC