

## Dental Auxiliary Nitrous Oxide Certification Course

To register: Please complete this registration form and return it with payment to:

Dental Auxiliary Nitrous Oxide Certification Course  
UT Health Science Center Dept. of Dental Hygiene  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900

For more information call: Phone: 210- 567-8820 Fax: 210-567-8843

### Check the date that you would like to attend:

June 5, 2009

January 8, 2010

Please use one form per person (photocopy form as needed)

Name \_\_\_\_\_

Credentials (i.e., CDA) \_\_\_\_\_

Date of Birth \_\_\_\_\_

(c/o) Dr. \_\_\_\_\_

Office Address \_\_\_\_\_ Suite # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Phone (     ) \_\_\_\_\_ Office Fax (     ) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

### Confirmation by email only

Enclosed \$165 (Payable to UT Health Science Center): Amount: \$ \_\_\_\_\_

Visa

Master Card

Check

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit CVV Code \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

### Cancellation Policy:

Full refund of tuition will be honored if cancellation is provided on or before **one week prior of course.** Partial tuition will be honored for cancellations after **one week prior of course.** No refund of tuition fee will be honored for cancellations on the day of the course.