

Application of Pit and Fissure Sealants Certification Course

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

Application of Pit and Fissure Sealants 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:

February 18-19, 2010 April 8-9, 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 \$495 (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.