

# SDDS

## COURSE REGISTRATION FORM

### 1. GENERAL INFORMATION

LAST NAME

FIRST NAME

BILLING ADDRESS

APT./SUITE

CITY

STATE

ZIPCODE

Phone Number: \_\_\_\_\_

ADA Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Kosher/Vegetarian?: \_\_\_\_\_

### 2. REGISTRATION

If registering staff, please indicate name(s): \_\_\_\_\_

COURSE NUMBER	TITLE	DATE	TUITION

### 3. PAYMENT (Make checks payable to Second District Dental Society written in full.)

Check or Money Order enclosed

Voucher **\*Cannot be used for hands-on courses\***

**Credit Card (Debit cards not eligible):**  Mastercard

Visa

American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

CVV/CVC Code: \_\_\_\_\_

(The three/four-digit number located on front/back of card)

Cardholder Signature: \_\_\_\_\_

#### Mail or fax completed form to:

Second District Dental Society

111 Fort Greene Place

Brooklyn, NY 11217

Phone: (718) 522-3939

Fax: (718) 797-4335