Date: 5/30/2019 12:00:00 AM Hotel Reservation:

By:

REGISTRATION FORM

Name of Course: Digital and Conventional Radiology for Dental Assistants (RAD) Course Number: 67-19

How did you learn about this course? Brochure Which one? Ad in Journal or Newsletter

Personal Reference If yes, who? Other

Are you on our mailing list? If not, please complete the following: Contact person:

Name: DDS, DMD, or RDH

Nick Name: Specialty:

ADA #: AGD #: License #:

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