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The USC Seventeenth International Endodontic Symposium - Registration Form

Radisson Midtown at USC
3540 S. Figueroa Street Los Angeles, CA 90007

FIRST NAME _____

LAST NAME _____

TITLE _____ SPECIALTY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE ( ) _____ - _____

FAX ( ) _____ - _____

E-MAIL _____

☐ MASTERCARD ☐ VISA ☐ CHECK ENCLOSED

CARD NUMBER _____

EXPIRATION DATE _____

TOTAL PAYMENT $ _____

Registration Fees

Before November 1, 2018
Dentist: $525
Auxiliary: $475

After November 1, 2018
Dentist: $625
Auxiliary: $575

At the door
Dentist: $695
Auxiliary: $645

Please make checks payable and mail to

Herman Ostrow School of Dentistry of USC
Continuing Professional Education
925 W. 34th Street, Room 201J
Los Angeles, CA 90089-0641
Phone: 213.821.2127
Fax: 213.740.3973
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14 Hours of Continuing Education

Refunds are granted only if a written cancellation notification is received at least 14 days before the course. 50% of the tuition minus processing fee will be refunded if cancellation occurs within 7 days before this course. No refund is granted afterwards. A $60 fee is withheld for processing. For additional registrations, xerox this form and send.