

# REGISTRATION APPLICATION

**SAVE TIME AND REGISTER ONLINE 24/7 at [dental.pacific.edu/ce1](http://dental.pacific.edu/ce1)**

Registrations will be accepted in order of receipt. You will receive acknowledgment of your enrollment by email. Please duplicate and complete one form for each registrant.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Title  DDS  DMD  RDH  RDA  CDT  Other \_\_\_\_\_

State of License \_\_\_\_\_ License Number \_\_\_\_\_

Male  Female Birth Year \_\_\_\_\_

Dental School \_\_\_\_\_ Class Year \_\_\_\_\_

Current dues-paying Dugoni School of Dentistry alumni member?  Yes  No

Email Address \_\_\_\_\_

Yes, I want to receive e-mail notifications of upcoming continuing dental education programs at Pacific.

Office Address \_\_\_\_\_

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

Office Telephone \_\_\_\_\_ Office Fax \_\_\_\_\_

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

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

Home Telephone \_\_\_\_\_

Preferred Mailing Address:  Home  Office

Specialty:

- Endodontics  General Practice  Oral Pathology  Oral Radiology  Oral Surgery  
 Orthodontics  Pediatric Dentistry  Periodontics  Prosthodontics  Public Health

***PLEASE ENROLL ME (Please duplicate form for additional registrations)***

Course Title \_\_\_\_\_

Date \_\_\_\_\_ Tuition/Deposit Due \$ \_\_\_\_\_

Course Title \_\_\_\_\_

Date \_\_\_\_\_ Tuition/Deposit Due \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

- Cash  Check  Visa  MasterCard  American Express  
 Discover  Diners Club  JCB  Graduate Coupon

Check/Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Ver. Code \_\_\_\_\_

Signature \_\_\_\_\_

***Please make all checks payable to University of the Pacific***

Send completed application(s) with payment to: Continuing Dental Education  
University of the Pacific, Arthur A. Dugoni School of Dentistry  
155 Fifth Street, 4th Floor  
San Francisco, CA 94103

***Questions? [cedental@pacific.edu](mailto:cedental@pacific.edu) or 415.929.6486***

Office Use Only By \_\_\_\_\_ Date \_\_\_\_\_