OHSU/OAGD Course Registration Form

Course Title

________________________________________________________________________

Registrant information

Name: ________________________________________________________________

Address: ___________________________________________________________

City/State/Zip: _______________________________________________________

Phone: ______________________ Email: _________________________________

AGD # __________ OAGD # __________

State in which licensed: _________

☐ Dentist ☐ Hygienist ☐ Assistant ☐ Staff

To confirm registration, please include the payment information.

Payment Information

VISA/MC#: _________________________________________________________

Expiration date:______________ CVN:_______________________________

Signature:

Registration Instructions

1. Enter the name or names of the Course for which you wish to register. 2. Enter your contact information. 3. Enter your total payment. 4. Enter your payment information. Acceptable forms of payment include VISA, MasterCard or check. Make check payable to OHSU/OAGD Continuing Education. 5. E-mail kristi@oragd.org or fax 503.494.2973 your completed registration form and payment information to OHSU/OAGD.

Confirmation: We will send confirmation to you by e-mail or USPS mail if you do not provide an e-mail.

Oregon Health and Science University/Oregon Academy of General Dentistry
611 SW Campus Dr.
Portland, Oregon 97239
503.494.8857