REGISTRATION FORM

Continuing Dental Education Summer Symposium July 20–24, 2020

Name		Credentials
Email Address		
Home Address		
City		StateZip
Telephone		
How did you hear about the symposium?		
	Email	Postcard VA Dental Association website
Symposium Registration Fee—Full payment is due with Dental Hygienist/Team Member rate:		Dental Hygienist/Team Member rate:
registration. Please indicate the program(s) you wish to register for. Dentist rate:		☐ Weekly rate\$375
Weekly rate\$	5750	☐ Mon. (Digital Dentistry)\$100
		☐ Tues. (Adhesive Dentistry)\$100
☐ Tues. (Adhesive Dentistry)\$		☐ Wed. (Pharmacology)\$100
☐ Wed. (Pharmacology)\$	5225	Thurs. (Endodontics)\$100
☐ Thurs. (Endodontics)\$	5225	Fri. (Infection Control)\$75
☐ Fri. (Infection Control)\$	3150	Fri. (Oral Pathology)\$75
☐ Fri. (Oral Pathology)\$	5150	Student rate: \$80 Total (same rate for one day or multiple days)
Enclosed is my check for \$ made payable to the University of Delaware. When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic funds transfer from your account or to process the account as a check transaction.		
Please charge \$to my \text{Visa}	\square N	MasterCard
Cardholder Name		
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Card No	Ехр.	. DateSecurity Code (on back of card)
Authorized Signature		
$\hfill\square$ By registering for this event I acknowledge and accept the	ing: RETURN TO:	
Refunds —A refund will be given (less a processing charge of \$75) for writter cancellation received on or before July 13, 2020 . No refunds will be given after this date. The University of Delaware is not responsible for any penalti or fees assessed as a result of cancellation or modification of travel arrangements or hotel accommodations.		Continuing Dental Education Summer Symposium
Privacy —The University of Delaware will not sell, rent, or lease mailing lists personal information to third-party organizations. For selected conference participants' names and email addresses may be shared with conference exhibitors or sponsors. For complete policy, visit pcs.udel.edu/privacy-polic		Attn: Registrar Phone: 302-831-7600 Fax: 302-831-0701