

**University of New England
Westbrook College of Health Professions
Office of Continuing Professional Education
And Department of Dental Hygiene**

**Dental Assistant Radiology Exam Prep Course Registration Form
June 6th & 7th, 2024**

Name: (Last) _____ (First) _____ (Middle Initial) _____

Home Address _____

Employer Name & Address _____

Work Telephone # _____ Home Telephone # _____ E-mail Address _____

Please mail my registration confirmation to my: work home

It is acceptable to contact me at my place of employment: yes no

Course Fee: \$415.00

___ Check Enclosed (*payable to University of New England*)

If you wish to pay your registration by credit card, please complete the following:

Bill my: ___ MC ___ Visa

Card #: _____ Exp. Date: _____ CVV#: _____

Name as it appears on card _____ Date: _____

Address associated with card _____

Mail to: University of New England, Westbrook College of Health Professions
Office of Continuing Professional Education
Attn. Liz Erskine
716 Stevens Avenue, Portland, ME 04103

Fax to (207) 221-4716

- Or -

Call Liz Erskine (207) 221-4520, to register by phone with a credit card.

How did you hear about the Radiology course? _____