



**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

Work Telephone # _____	Home Telephone # _____	E-mail Address _____
Please mail my registration confirmation to my: work <input type="checkbox"/> home <input type="checkbox"/>		
It is acceptable to contact me at my place of employment: yes <input type="checkbox"/> no <input type="checkbox"/>		

Course Fee: \$415.00

Check Enclosed (

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

How did you hear about the Radiology course? _____