

TO ENROLL BY MAIL: Please fill in this Registration Form completely and send in with your payment (enrollment is not complete without payment) to the address below.

**UTHSCSA Dental School**  
**Continuing Dental Education and Alumni Affairs MSC 7930**  
**7703 Floyd Curl Drive**  
**San Antonio, Texas 78229-3900**



The University of Texas Health Science  
Center at San Antonio is an ADA CERP  
Recognized Provider

**TO ENROLL BY PHONE:** Please Call (210) 567-3177

**TO ENROLL BY FAX:** Please FAX your completed registration form to (210) 567-6807

People who are hearing or speech impaired may call TTD Message-Relay Texas at (800) 735-2989 or (800)735-2988.

Course Title: **Full-Arch Rehabilitation With the All-on-4™ Technique** Course Date: **October 30-31, 2009**

Course Fee: **Dentist: \$625.00**

I do not wish to attend the game

I do wish to attend the game

I wish to purchase additional tickets

\_\_\_\_\_ @ \$100.00 each - **128499B**

DDS  DMD  RDH  RDA  DLT  ADP

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Dental School : \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

C/O: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax No: \_\_\_\_\_

**Enclosed Check (Payable to UTHSCSA):**

Check  Mastercard  Visa  Discover

Check Number: \_\_\_\_\_

Credit Card Number: Include 3-digit ID on back of card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_