

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.

**ADA CERP**® | Continuing Education Recognition Program  
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**UT Health San Antonio, School of Dentistry**  
**Continuing Dental Education and Alumni Affairs - MSC 7930**  
**7703 Floyd Curl Drive**  
**San Antonio, Texas 78229-3900**

**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: \_\_\_\_\_ Course Date: \_\_\_\_\_

Course Fee: \$ \_\_\_\_\_  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 UT Health San Antonio):**

Check  Mastercard  Visa  Discover

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

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

Expiration Date: \_\_\_\_\_

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