



**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**

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<b>Work Telephone #</b> _____	<b>Home Telephone #</b> _____	<b>E-mail Address</b> _____
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**Please mail my registration confirmation to my:** work  home

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

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**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 \_\_\_\_\_

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**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?** \_\_\_\_\_