

REGISTRATION FORM

For

Maryland State Dental Association

Payment must accompany registration from.

CREDIT CARD OR CHECKS

NO CASH

Refund and Cancellation Policy: Upon written request of cancellation (at least one week prior to the class date) a refund will be issued less a \$25.00 administrative fee. **If you have purchased textbooks, they are non-returnable.** Return Check Fee (a \$25.00 fee will be charged for all return checks.)

Please Print Clearly

Course Title: _____ Date of Course: _____ Credit Hours _____

Name: _____

Social Security # _____ Date of Birth _____

(Basic Dental Assisting students ONLY)

Credentials: DDS _____ RDH _____ DA _____ Office Staff _____

Phone:

Work: _____ Home: _____ FAX: _____

Address:

Address _____ City _____ State _____ ZIP _____

Please, suggest a topic of interest for future MSDA classroom courses.

Check amount enclosed/Amount to be charged: \$ _____ (Make checks payable to MSDA)

Visa/MasterCard Only

_____ Exp. date: _____

Please note that all credit card payments are processed no earlier than one week before the class date.

Signature: _____

Fax (410-964-0583); mail to MSDA, 6410F Dobbin Road. Columbia, MD 21045-4744. If for some reason the course you have chosen has been cancelled, you will receive a phone call from the MSDA Staff.