



CDE REGISTRATION FORM

Register on-line at: www.cde.utoronto.ca

or mail, fax or call in your registration to:

Registration Continuing Dental Education
University of Toronto, Faculty of Dentistry
124 Edward Street, Room 527, Toronto ON M5G 1G6
Enquiries: 416-979-4902
Fax: 416-979-4941
E-mail: cde@dentistry.utoronto.ca

Name: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Telephone Res: _____ Bus: _____

E-mail: _____

Special food requirements: _____

Payment Information: (Check one)

Cheque Visa Mastercard

Please make cheque payable to **University of Toronto**

I authorize the amount of: \$ _____ to be charged to my credit card.

Credit Card No.: _____

Exp: _____

Signature: _____ Date: ____ / ____ / ____

mm dd year

Full course information (location, times, etc.) will be sent to you upon registration.

Course Name: _____

Course Date: _____ Course Number: _____ Course Tuition: \$ _____

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Course Date: _____ Course Number: _____ Course Tuition: \$ _____

Cancellation Policy: Two weeks prior to course date – 100% refund. 7 days or less prior to the course date – 50% refund. There is no refund for cancellations less than (7) seven days prior to the course date.