NEW YORK UNIVERSITY
A private university in the public service

DAVID B. KRISER DENTAL CENTER
COLLEGE OF DENTISTRY
Center for Continuing Dental Education
Arnold and Marie Schwartz Hall of Dental Sciences
345 East 24th Street
New York, NY 10010
Telephone: (212) 998-9757
FAX: (212) 995-4081

OMS REVIEW COURSE 2009
AUGUST 26 – 29

COURSE REGISTRATION FORM - RESIDENTS

(please print)

Name: _____ _____ _____
First MI Last

Address: _____

_____

City: _____

State: _____ Zip Code: _____

Tel: _____ Fax: _____

Email: _____

TUITION:
Residents (must submit a letter from your director verifying residency)

_____ $995 (must be received by August 1st)
_____ $ 1195

- **CHECK (payable to NYUCDE)**
- **CREDIT CARDS: MASTERCARD AND VISA ONLY ACCEPTED**

MASTERCARD/VISA PAYMENT:

Card # _____ Expiration _____

Check: _____
If mailing a check, please send to: NYUCD, 345 E. 24th Street, Clinic 1W, New York, NY 10010.
If paying by credit card, fax to 212.995.4081, attention: Shellie Fizer.