

# REGISTRATION INFORMATION

## 1. Register By Fax

Fax the completed form to  
(902) 494-5101

## 2. Register by Phone

Call 902-494-1674

## 3. Register by Mail

Mail the registration form with  
payment to:

Continuing Dental Education  
Faculty of Dentistry  
Dalhousie University  
Halifax, NS B3H 4R2

## 4. Register by E-mail

To register via the internet,  
please e-mail your registration  
information to: [dentcde@dal.ca](mailto:dentcde@dal.ca)

## 5. Register On Line

COMING SOON –  
on line registration through our  
web site  
[www.dentistry.dal.ca/cde](http://www.dentistry.dal.ca/cde)



Dalhousie Faculty of Dentistry  
is a member of the Association for  
Continuing Dental Education

## Cancellation Policy:

Dalhousie University's Faculty of Dentistry reserves the right to cancel any course due to insufficient registration or circumstances beyond our control. Refunds for cancellations received 6-10 business days prior to the course date are subject to a \$50 processing fee. No refunds will be issued when participants cancel their registration 5 business days or less, prior to the course date.

## Disclaimer:

Dental education institutions have an obligation to disseminate new knowledge related to the dental practice.

In so doing, some presentations may include controversial materials or commercial references. Sponsorship of a continuing education course by Dalhousie University does not necessarily imply endorsement of a particular philosophy, procedure, or products by this institution.

## Continuing Dental Education

Faculty of Dentistry,  
Dalhousie University  
Halifax, NS B3H 4R2

**Phone:** 902-494-1674

**Fax:** 902-494-5101

**e-Mail:** [dentcde@dal.ca](mailto:dentcde@dal.ca)

**www.dentistry.dal.ca**

# REGISTRATION FORM

*Please make/use additional copies for each person registering*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (W): (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (H): (\_\_\_\_\_) \_\_\_\_\_

## Course Information

**1** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

**2** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

**3** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

**4** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

## Payment Information

Cheque # \_\_\_\_\_ Cheque Amount \$ \_\_\_\_\_

Cheques to be made Payable to Dalhousie University

Cheque is enclosed  VISA  Mastercard  AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# REGISTRATION FORM

*Please make/use additional copies for each person registering*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (W): ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (H): ( \_\_\_\_\_ ) \_\_\_\_\_

## Course Information

**1** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

**2** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

**3** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

**4** Date \_\_\_\_\_ Fee: \_\_\_\_\_  
Title \_\_\_\_\_

## Payment Information

Cheque # \_\_\_\_\_ Cheque Amount \$ \_\_\_\_\_

Cheques to be made Payable to Dalhousie University

Cheque is enclosed  VISA  Mastercard  AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_