

**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  
June 11th and 12th, 2020**

Name: (Last) (First) (Middle Initial)

Home Address

Employer Name & Address

Work Telephone # Home Telephone # E-mail Address

Please mail my registration confirmation to my:  work  home

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

**Course Fee: \$390.00**  
**Deposit due with registration \$50.00**  
**Balance due 15 days prior to course start date**

\_\_\_ Check Enclosed (*payable to University of New England*)

If you wish to pay all or part of your registration by credit card or purchase order, please complete the following:

Bill my: \_\_\_ MC \_\_\_ Visa

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

Name as it appears on card \_\_\_\_\_ Date: \_\_\_\_\_

Address associated with card \_\_\_\_\_

**Mail to:** University of New England, Westbrook College of Health Professions  
Office of Continuing Professional Education  
716 Stevens Avenue, Portland, ME 04103

**Fax to** (207) 221-4716

- Or -

**Call** Natalie Gordon (207) 221-4520 or Melissa Dadiago (207) 221-4343, to register by phone with a credit card.

**How did you hear about the Radiology course?** \_\_\_\_\_