



**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**

**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: \$415.00**

Check Enclosed (

If you wish to pay your registration by credit card, 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  
 Attn. Liz Erskine  
 716 Stevens Avenue, Portland, ME 04103

**Fax to** Liz Erskine (207) 221-4520, to register by phone with a credit card.

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