

Temple University Kornberg School of Dentistry  
Continuing Education Registration Form

**\*Please sign up for a course at least two weeks prior to the course date.**

**Name:**

**DMD    DDS    RDH    EFDA    DA    Temple Student/Resident    Temple Faculty**

**Temple Alumni, Class of    (15% Discount to Temple Dental Alumni)**

**Address:**

**City, State, Zip:**

**Phone:**

**\*Fax:**

**\*E-mail:**

**\*Confirmation letter is emailed, so please provide accurate information.**

**DOB (Needed to process any registration):**

**Emergency Contact Name:**

**Phone:**

**Dietary Needs**

**Course Name:**

**Course Fee:**

**Course Name:**

**Course Fee:**

**Course Name:**

**Course Fee**

**Course Name:**

**Course Fee:**

**Total**

**Fax: 215-707-7107**

**Checks can be made out to: TUKSoD/CE**

**Mailing Address:**

Temple University Kornberg School of Dentistry  
Office of Continuing Education  
3223 N. Broad Street, Room 301  
Philadelphia, PA 19140  
ATTN: Nicole Carreno

**Credit Card:**

If you wish to pay via credit card you may fax your completed registration form to 215.707.7107 or call 215.707.7541. We accept Visa, Discover, MasterCard, American Express. You will be contacted for your information over the phone.

**Cancellation and Refund Policy**

Zoom: No refunds granted.

In Person: Full refunds are granted, less a \$50 administrative fee per course/person, if we receive your written cancellation five business days prior to the start of the course. No refunds are granted after that time.