



Continuing Education Registration Form

Dr. _____

Address _____

City _____ State _____ Zip _____

Phone _____

Please schedule me for the following Courses:

Date _____ Course _____ Fee \$ _____

Date _____ Course _____ Fee \$ _____

Date _____ Course _____ Fee \$ _____

Date _____ Course _____ Fee \$ _____

Total \$ _____

Payment options:

- Check Enclosed
- Charge my credit card on file
- Charge my credit card below

Visa / MasterCard

Card Number _____

Exp Date _____ 3 Digit V-Code _____