



# Dental Assistant Services

## Continuing Education Course Registration Form

### Contact Information

Full Name

Primary Phone

Home  Work  Cell  
Please Select One

Street Address

Secondary Phone

Home  Work  Cell  
Please Select One

City/Town

State

Zip Code

Email Address

Last Four Digits of Social Security Number

### Course Information

Title of Course

Number of Credits

The cost of this course is \$ . Please check the website by clicking [here](#) or call the office at 732-919-1816 for the current rate.

The course I would like to register for is:  A Live Course  A Home-Study Course

If this is a live course, please complete the following:

Date of Course  
(from [Website](#))

Start and Ending Time  
(from [Website](#))



## Additional Information

I have read and agree to all the [terms and conditions](#) as well as the [copyright notice](#). Please note that you must mark **yes** to the right or you will not be permitted to register for this course.

Yes  No

Home study courses are typically mailed out within a week. If you're registering for a live course, you will be called at least 48 hours prior to the course date to confirm your registration.

## Additional Instructions

After completing this registration form in its entirety, please print it out. Payment is due in full at time of purchase and should be made out to Dental Assistant Services.

Click [here](#) for additional information about accepted forms of payment.

## Signature

I certify that all information on this registration form was completed by me and is correct and accurate to the best of my knowledge.

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

Date:

*Please mail all registration materials together in one envelope to:*

Dental Assistant Services  
1306 Highway 33  
Suite 3A  
Farmingdale, NJ 07727

