

Temple University Kornberg School of Dentistry

Continuing Education Registration Form

Name: _____

DMD DDS RDH EFDA DA Temple Student Temple Resident Temple Faculty

Temple Alumni, Class of _____

Address: _____

City, State, Zip: _____

Phone: _____

*Fax: _____

*E-mail: _____

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

DOB (Needed to process any registration): _____ (XX/XX/XXX)

Course Name: _____ Course Fee: _____

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

Virtual Attendance: No refunds will be issued.