

COLLEGE OF DIPLOMATES OF THE ABE AND NOVA
SOUTHEASTERN UNIVERSITY

THIRD ANNUAL BOARD REVIEW AND SCIENTIFIC UPDATE

MARCH 16-18 2012

FULL NAME _____ DDS/DMD

PREFERRED NAME ON NAMETAG _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

POSITION AND TITLE _____

TUITION

___ ENDODONTIST \$800 \$ _____

___ RESIDENT OR POST GRAD STUDENT \$400 \$ _____

___ RETIRED/DISABLED \$400 \$ _____

___ MILITARY (ACTIVE DUTY) \$500 \$ _____

___ FULL-TIME FACULTY \$500 \$ _____

___ RECENT ENDO GRAD (WITHIN LAST 2 YEARS) \$400 \$ _____

I PLAN TO ATTEND THE BOARDWALK FOLLOWED BY THE WINE AND CHEESE
RECEPTION

CANCELLATION POLICY: RECEIVED BEFORE FEBRUARY 20, 2012 LESS \$100 ADMINISTRATIVE
FEE. AFTER FEBRUARY 20, 2012 NO REFUND

REGISTRATION: MAKE CHECKS PAYABLE TO: *COLLEGE OF DIPLOMATES OF THE AMERICAN
BOARD OF ENDODONTICS*

MAIL FORM AND CHECK TO: COLLEGE OF DIPLOMATES
P.O. Box 2673
GLEN ELLYN, IL 60138-2673

CREDIT CARD PAYMENT: TYPE ___VISA ___MASTERCARD ___DISCOVER ___AMEX

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

E-MAIL: CODABE96@COMCAST.NET OR PHONE: 630-665-9039