

**College of Diplomates and University of Texas, Houston**

Co-sponsoring the

Scientific Update and Board Review Course for the ABE

**February 8 - 10, 2013**

Registration Form:

**FULL NAME** \_\_\_\_\_ **DDS/DMD**

**Preferred Name on nametag** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Position and Title** \_\_\_\_\_

**Tuition total**

\_\_ Endodontist ..... \$800 \$ \_\_\_\_\_

\_\_ Resident or Post-Grad Student ..... \$400 \$ \_\_\_\_\_

\_\_ Retired (including 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

**Registration: Direct registration available on website**

1. Make Checks Payable to:  
College of Diplomates of the American Board of Endodontics

2. Mail form and Check to:  
College of Diplomates  
P.O. Box 2673  
Glen Ellyn, IL 60138-2673

3. Or - Credit Card: (Circle one) MC V AE  
# \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Security Code (CSC) \_\_\_\_\_

For further information see the COD website or call: 630-510-7136

E-mail: [codabe96@comcast.net](mailto:codabe96@comcast.net)

Cancellation policy: Received before January 1, 2013

Full refund less \$100 administrative fee

**After January 1, 2013: No refunds**