



DENTAL
FUTURE
CENTER

Dental Radiology Test Prep Course

Student Information

Full Name: _____ :
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment / Unit #*

 City *State* *ZIP Code*

Phone: _____ Email: _____

Office of employment (if applicable)

Address: _____

Phone Number: _____

Fee Dates and Times

The fee of the class is \$490.00 without books. The fee for the books is a total of \$150.00. Both books are required for the class. You may purchase the books on your own, or we can add it to the fee. Please check if you want to add them to the fee.

_____ Dental Radiography: Principles and Techniques 5th Edition (\$80.00)

_____ Review Questions and Answers for Dental Assistants 2nd Edition (\$70.00)

The classes are on Saturday mornings from 9:00am-2:00pm for 4 weeks. There is a half hour lunch break with each class.

Please check the term you will be attending. (Check only one)

_____ 3/6/21-3/27/21

_____ 9/11/21-10/2/21

_____ 5/1/21-5/22/21

_____ 10/16/21-11/6/21

_____ 6/5/21-6/26/21

Signed: _____ Date: _____

Please Call or email Jill DeGregorio Director of Dental Future Center
610-547-2816 director@dentalfuturecenter.com