



Dental Radiology CE and CPR

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

Dental Radiology CE Course \$99.00 Fourth Wednesday of every month 7am-9am.

CPR Course \$75.00 First Wednesday of every month 7am-9am.

Dental Radiology CE and CPR together \$149.00 on Saturdays 9am-2pm. (Lunch is Included)

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

_____ 2/20/21 _____ 8/21/21 _____ 12/11/21

_____ 4/17/21 _____ 10/9/21

_____ 7/24/21 _____ 11/20/21

Signed: _____ Date: _____

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