

COURSE REGISTRATION FORM

Register online at sddsny.org or complete and mail/fax this course registration form to SDDS Headquarters.

1. GENERAL INFORMATION

LAST NAME

FIRST NAME

BILLING ADDRESS

APT./SUITE

CITY

STATE

ZIPCODE

Phone: _____

ADA #: _____

E-mail: _____

Kosher/Vegetarian?: _____ Do you require parking? YES* NO
**For courses at SDDS Headquarters: Our parking lot holds up to 15 cars. Please let us know ahead of time if you require parking.*

2. REGISTRATION

If registering staff, please indicate name(s): _____

COURSE NUMBER	TITLE	DATE	TUITION

***Sign up for TWO courses and get ONE course of equal or lesser value (excluding CPR) for free!**

3. PAYMENT (Make checks payable to Second District Dental Society written in full.)

Check or Money Order (must be received one week before course date to secure reservation)

Credit Card (Debit cards not eligible): Mastercard Visa American Express Discover

Credit Card Number: _____

Expiration Date: ____/____

CVV/CVC Code: _____

(The three/four-digit number located on front/back of card)

Cardholder Signature: _____

Mail or fax completed form to:

Second District Dental Society
111 Fort Greene Place
Brooklyn, NY 11217
Phone: (718) 522-3939
Fax: (718) 797-4335