

## COURSE REGISTRATION FORM

**Register online at [sddsny.org](http://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