

DENTAL SCHOOL PREPARATION COURSE
REGISTRATION FORM TO BE MAILED WITH PAYMENT

***PLEASE REGISTER ONLINE AND THEN MAIL THIS FORM WITH YOUR PAYMENT TO COMPLETE YOUR REGISTRATION.**

Session/Dates Attending: _____

Name: _____

Mailing Address: _____

Phone 1: _____ Mobile Home Work

Phone 2: _____ Mobile Home Work

E-mail Address: _____

The course is limited to 40 right-handed and 2 left-handed participants. Ambidextrous students are encouraged to select the hand preferred for writing.

Please select accordingly:

I am right-handed I am left-handed

PLEASE READ THE REFUND POLICY PRIOR TO SENDING YOUR CHECK.

We only accept checks for payment of tuition. Checks payable to: University of Minnesota

MAIL REGISTRATION FORM AND PAYMENT TO THE ATTENTION OF:

Yvonne Christensen
Executive Administration and Support
Dental School Preparation Course
515 Delaware Street SE
9-176 Moos Tower
Minneapolis, MN 55455

Any questions or concerns contact Yvonne at: ychriste@umn.edu or 612-625-9708

I have enclosed \$_____ for the Dental School Preparation Course.

- \$75 non-refundable deposit (due within 2 weeks after online registration)
- \$520 balance (due 45 days prior to course start date)
- \$595 total course fee combined (deposit and balance)