

REGISTRATION FORM

Nitrous Oxide Analgesia April 14, 2012 12-105-01 7-13463-00

Dr., Mr., Ms. (please circle) _____
Name [please print or type]

Address for Credit Card _____
Street City, State ZIP

Business Address _____
Street City, State ZIP

(_____) _____ [daytime phone]

Email _____ [print clearly]

PLEASE CHECK:

- Dentist: **\$650**
- Hygienist: **\$495**
- Assistant: **\$365**

PAYMENT BY CHECK (*Payable to Center for Conferences*)

PAYMENT BY CREDIT CARD

ACCOUNT NUMBER (list ALL numbers on the card)

_____ MasterCard _____ VISA _____ Discover

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Expiration date _____

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3-digit security code (*last 3 digits that appear in the signature panel on back of card*)

Name on Credit Card _____ [print clearly]

Please return this form with your check or credit card information, to:

Center for Conferences
The University of Iowa
250 Continuing Education Facility
Iowa City, IA 52242-0907

7 HOURS CEU WILL BE AWARDED

CANCELLATIONS/REFUNDS:

Due to limited enrollment, please cancel as early as possible if this becomes necessary. For cancellations **prior to March 5**, fees paid will be refunded less a \$50 processing fee following notice of cancellation. For cancellations **after March 5**, your fee will be refunded less \$50 processing fee **if** your space can be filled with a wait-listed participant. If the space cannot be filled from the wait list, there will be no refund. For registrations charged to your credit card, the refund will be credited to your account. If insufficient enrollment necessitates canceling a course, all fees will be refunded.

REGISTRATION OPTIONS:

Registrations will not be accepted without payment. You may register using any of the following methods:

- Mail your registration form and check or credit card information to the address indicated
- Phone your credit card information to Center for Conferences: 1-800-551-9029 (local: 335-4141)
- FAX this form to Center for Conferences: 1-319-335-4039