

Registration Form for Orthodontic Expanded Duties Course

Name: _____

Name as to appear on certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Doctor's name: _____

Address to send certificate to: _____

City: _____ State: _____ Zip: _____

Doctor's phone: _____

Please enclose the following items:

_____ Check for \$100.00 (Made payable to: G.A.O.)

_____ Letter verifying at least 6 months employment