



UNC  
DENTISTRY

## Sleep Medicine and Dentistry Mini-Residency - Class 8 Dental Staff Registration Form

### DENTAL STAFF INFORMATION

Please print clearly.

First Name of Staff Member: \_\_\_\_\_

Last Name of Staff Member: \_\_\_\_\_

Name of Dentist Registered: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### SESSION(S) ATTENDING:

- Session 1: January 26-27, 2018
- Session 2: March 2-3, 2018
- Session 3: April 6-7, 2018
- All Three Sessions

#### COST

- \$850 per session
- \$2,200 for all three sessions

**TOTAL DUE: \$** \_\_\_\_\_

Check made payable to AACFP (U.S. dollars drawn on U.S. bank)

Credit Card (circle one):    Visa    MasterCard    Amex

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_