

Coronal Polishing/Topical Fluoride Application

* Cost: \$325.00

Date	Location	Deadline
<input type="checkbox"/> January 26 & 27, 2008	OU College of Dentistry	<i>January 7, 2008</i>
<input type="checkbox"/> April 19 & 20, 2008	OU College of Dentistry	<i>March 31, 2008</i>
<input type="checkbox"/> June 27 & 28, 2008— <u>Tulsa</u>	Tulsa Technology Center	<i>June 9, 2008</i>
<input type="checkbox"/> July 19 & 20, 2008— <u>Bartlesville</u>	Tri County Tech Center	<i>June 30, 2008</i>
<input type="checkbox"/> August 23 & 24, 2008	OU College of Dentistry	<i>August 4, 2008</i>
<input type="checkbox"/> October 18 & 19, 2008	OU College of Dentistry	<i>September 29, 2008</i>
<input type="checkbox"/> December 6 & 7, 2008	OU College of Dentistry	<i>November 17, 2008</i>

Coronal Polishing Courses will be scheduled throughout the year. You will remain eligible to take this course for **one (1) year** from the date you took the pre-test. Watch for future mailings on courses or call for information at 405-241-1299

Enrollment Fee: Enclosed is my check for **\$325.00** made payable to the **Oklahoma Dental Foundation**.

DEADLINE: Enrollment will not be accepted after the stated deadline. *Confirmation will be sent approximately two weeks prior to the test.* All courses are subject to change or cancellation due to **Force Majeur** reasons.

REFUND POLICY: Refunds granted on or before the above enrollment deadlines (less \$25.00 administrative fee). After this date ½ will be refunded – No exceptions. No shows will not receive a refund.

PLEASE TYPE OR PRINT LEGIBLY – INCLUDE COMPLETE ADDRESSES:

Name _____ Home Phone_(_____)_____

Home Address _____

City _____ State _____ Zip Code _____

Employing Dentist _____ Office #_(_____)_____

Office Address _____ Suite _____

City _____ State _____ Zip Code _____

*****IMPORTANT!*****

**Coronal Polishing
Pre-Test:**

DATE TAKEN _____

PLACE TAKEN _____

Return this form to:

OKLAHOMA DENTAL FOUNDATION
317 NE 13th Street
Oklahoma City, OK 73104

DON'T DELAY ENROLLING THESE COURSES FILL UP 2 TO 3 MONTHS IN ADVANCE. SPACE IS LIMITED AND ENROLLMENT IS ACCEPTED ON A FIRST COME FIRST SERVED BASIS.

Non-discriminatory Policy Statement

It is the policy of this Foundation to provide all of its services and programs to persons of any race, religion, creed, national or ethnic origin and color. The Foundation shall not discriminate on the basis of race, religion, creed, national origin or ethnic origin and color in the administration of any of its programs or services.



ODF OFFICE USE ONLY

Date Rcv'd _____ Check/CC-AP # _____ Amount _____ Data Entered _____

******MAKE COPIES OF THIS FORM FOR YOUR RECORDS******