



Oklahoma Dental Foundation

FAX

To: ODF	From:
Fax: (405) 241-1260	Fax:
Date:	Pages:
RE: Course/Seminar Payment	
Comments:	

Please complete the following information and fax to the ODF offices. Enrollment will be complete upon receipt and approval of payment.

If you have any questions, please contact Amanda M. Slade Binecz at (405) 241-1299.

Thank you.

Notes:

317 NE 13th Street, Oklahoma City, OK 73104

Oklahoma Dental Foundation Credit Card Transaction Form

Date _____

Card Holder's Name: _____

Course/Seminar Description: _____

Student Name: _____

Amount: _____

Visa Master Card Discover

Card # _____ - _____ - _____ - _____

Exp. Date _____ / _____ CV2 # _____

Signature: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Office Use Only

AP _____ Ref. _____

Date Processed _____ Grouped