OHIO DENTAL ASSOCIATION

"At Home" Self-study CDE Registration Form

ALL of the following information MUST be completed. Please type or print.
An order form is required for each registrant, so please duplicate as needed.

Name: _____
First Middle Last Suffix

Last 4 digits of Social Security Number: _____ Your mother's first name: _____

Your professional license number: _____

Dental Office: _____

Address (no PO box please): _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

Business Phone: (____) _____-_____ Extension: _____ Fax: (____) _____-_____

Please use a check mark to indicate the programs that you are ordering:

____ Infection Control & Regulatory Compliance in the Dental Office (3.0 supervised self study credit hours) ____ Paper Test ____ Computer Test

____ Medical Emergencies in the Dental Office (4.0 supervised self study credit hours) ____ Paper Test ____ Computer Test

All costs below include Ohio sales tax
ODA Member pricing: First registrant - $105.84
Additional registrant - $85.32
Non-member pricing: First registrant - $205.20
Additional registrant - $105.04

▸▸ SHIPPING CHARGES: (FOR ONE OR MORE PROGRAMS) - COST $10

One-way UPS Ground Shipping and Handling to the registrant. Return shipment of study materials is the responsibility of the registrant. We advise that you that you return materials to CE Verifier via a trackable source (e.g. UPS, Federal Express, etc.). It is important that you retain your tracking number for verification purposes if needed.

TOTAL CHARGES: $_____
(Total must include $10 shipping/handling fee)

▸▸ METHOD OF PAYMENT: (PLEASE IDENTIFY METHOD OF PAYMENT LISTED BELOW)

CE Verifier will be listed as the billing agent on your credit card statement. CDE credit will not be granted for registrants with NSF check or credit card charge backs until payment is remitted in full. Use a check mark to designate method of payment below:

___ Check/Money Order (Payable to CE Verifier, Inc.) ___ Visa ___ Discover ___ MasterCard ___ AMEX

Credit Card Number: _____ Expiration Date: _____

Card Holder's Name _____

Card Holder's Address: _____

City, State, Zip _____

TO REGISTER: MAIL this form to: C E Verifier, Inc., 1661 Bobwhite, Stow, OH 44224
FAX the form to C E Verifier, Inc. at: (330) 688-9400
CALL (888) 253-3276 with questions or to place a live-phone order

Refund requests must be submitted in writing to CE Verifier, Inc. The ODA will review each written request. A $15.00 service fee will apply for each registrant cancellation. The $10.00 shipping and handling fee is not refundable. Questions? Call C E Verifier, Inc. at (330) 688-3211 or toll-free at (888) 253-3276.