

Cone Beam Computed Tomography

September 28, 2018

Registration Form *(For payment via check only)*

Fees: \$395

Name	First	Middle	Last	Degree
------	-------	--------	------	--------

Street

City	Georgia County
------	----------------

State	Zip Code
-------	----------

Phone Number	Fax Number	E-mail Address
--------------	------------	----------------

Specialty

PLEASE NOTE: Due to new credit card processing guidelines our policies and procedures have changed. We can no longer accept mailed or faxed registrations with credit card information.

Online registration is preferred. Registering online via credit card is quick, simple and secure. Please visit the web address below to register today!

augusta.edu/pace/healthcare/dental/conebeam.pcf

Send Registration Form to:

Division of Professional and
Augusta University
Attn: Jessica Wells
1120 15th Street, FI-1083
Augusta, Georgia 30912