

# OZARKS TECHNICAL COMMUNITY COLLEGE

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## CONTINUING EDUCATION CENTER

### DENTAL CLASSES SPRING 2010

Check the classes you wish to register for. Fill out the reverse side of form and fax BOTH sides to (417) 447-8888. Include: payment information and current contact information.

\_\_\_\_\_ **CEH 627-01 Basic Skills Review & Exam** **\$125**  
 March 5                    8am-12pm (Review) Friday  
                                   1pm -2:30pm (Exam) Friday

\_\_\_\_\_ **CEH 628-01 Basic Skills Exam Only** **\$55**  
 March 5                    1pm- 2:30pm Friday (Exam Only)

\_\_\_\_\_ **CEH 585-01 Restorative Expanded Functions** **\$350**  
 Feb 27                    8am-5pm Saturday

\_\_\_\_\_ **CEH 585-02 Restorative Expanded Functions** **\$350**  
 May 8                    8am- 5pm Saturday

\_\_\_\_\_ **CEH 584-01 Prosthodontics Expanded Functions** **\$350**  
 Jan 9/10                    8am – 5pm Saturday 8am-12pm Sunday

\_\_\_\_\_ **CEH 584-02 Prosthodontics Expanded Functions** **\$350**  
 April 10/11                    8am-5pm Saturday 8am-12pm Sunday

\_\_\_\_\_ **CEH 586-01 Orthodontic Expanded Functions** **\$350**  
 March 13                    8am-5pm Saturday

\_\_\_\_\_ **CEH 587-01 Periodontics Expanded Functions** **\$200**  
 March 14                    8am-12pm Sunday

\_\_\_\_\_ **CEH 607-01 Monitoring Nitrous Oxide** **\$90**  
 April 17                    8am-5pm Saturday

\_\_\_\_\_ **CEH 295-01 Online Basic Skills Review** **\$200**  
 Available all semester. Call or email for more information: [sellj@otc.edu](mailto:sellj@otc.edu).

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REGISTRATION FORM  
PLEASE PRINT OR TYPE

Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Student's Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

1. Enclose **check** payable to OTC and mail to:  
Ozarks Technical Community College, Continuing Education Center, 1001 E Chestnut Expressway,  
Springfield MO 65802.
2. Complete the credit/debit card information. Mail to address above OR fax to (417) 447-8893.  
Method of Payment: Check \_\_\_\_\_ (Payable to OTC) Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

**PRINT**

Card Holder's Name as it appears on card: \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Verification Code \_\_\_\_\_

**For more information or to register BY PHONE (debit/credit card only) call (417) 447-8888.  
Payment must be provided at time of registration.**

[www.otc.edu/continuinged](http://www.otc.edu/continuinged)