

# OZARKS TECHNICAL COMMUNITY COLLEGE

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## CONTINUING EDUCATION CENTER

### DENTAL CLASSES

**Spring 2011**

Check the classes you wish to register for.

Fill out the reverse side of form and fax BOTH sides to (417) 447-8893.

Include payment information and current contact information.

_____	<b>CEH 628 Basic Skills Exam Only 1:00-2:30pm</b>	<b>\$59</b>
_____	-02 FALL Friday Dec 17, 2010	
_____	-01 SPG Saturday, Mar 5, 2011	
_____	-02 SPG Friday, May 6, 2011	
_____	<b>CEH 585-01 Restorative Expanded Functions</b>	<b>\$395</b>
	<b>Feb 26 8am-5pm Saturday</b>	
_____	<b>CEH 627-01 Basic Skills Review &amp; Exam</b>	<b>\$150</b>
	<b>Mar 5 8am-2:30pm Saturday</b>	
_____	<b>CEH 586-01 Orthodontic Expanded Functions</b>	<b>\$395</b>
	<b>Mar 26 8am-5pm Saturday</b>	
_____	<b>CEH 607-01 Monitoring Nitrous Oxide</b>	<b>\$125</b>
	<b>May 7 8am-3pm Saturday</b>	
_____	<b>CEH 584-01 Prosthodontics Expanded Functions</b>	<b>\$395</b>
	<b>Apr 16 8am-5pm Saturday</b>	
_____	<b>CEH 609-01 Become a Certified Dental Assistant</b>	<b>\$200</b>
	<b>April 15 – May 24; Mondays 6:00 pm – 8:30pm</b>	
_____	<b>CEH 588-01 Infection Control for Dental Assistants</b>	<b>\$125</b>
	<b>May 21 8am-5pm Saturday</b>	
_____	<b>CEH 295-01 Online Basic Skills Review</b>	<b>\$200</b>

Available all semester. Call 417-447-8888 or email for more information:

[sellj@otc.edu](mailto:sellj@otc.edu).

# OZARKS TECHNICAL COMMUNITY COLLEGE

## CONTINUING EDUCATION CENTER

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, **Community Enrichment Center**, 1001 E Chestnut Expwy,  
Springfield MO 65802-3625.
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 \_\_\_\_\_ Phone \_\_\_\_\_

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/community](http://www.otc.edu/community)