

VAIL SKI & DENTAL CE

IOWA DENTISTRY

JANUARY 27-31, 2025

Registration Form

Name _____
Office Address _____
City _____ State _____ Zip _____
Office Phone _____ / _____ Cell Phone _____ / _____
Email _____

Please Check:

- Oral Surgeon
 Orthodontist
 General Dentist
 Auxiliary Staff
 Other

Please specify

Course Tuition:

Before November 15, 2024

Restorative Dentistry \$1,400
Surgical Orthodontic \$1,750

After November 15, 2023

Restorative Dentistry \$1,500
Surgical Orthodontic \$1,850

Auxiliary Staff

Restorative Dentistry (CE) \$550
(Audit) \$320
Surgical Orthodontic (CE) \$725
(Audit) \$400
Residents (Audit) \$400

Amount enclosed: _____ Check * Credit Card



Credit card payments may be mailed (to below address), emailed to sarah-raper@uiowa.edu, or faxed to: 319-353-6923.

Name on Credit Card _____

Address _____
(if different from above) _____

Credit Card Number _____

Expiration Date _____ / _____ CVV Code _____



* Checks should be payable to The University of Iowa, and mailed with Registration form to:

The University of Iowa
Attn: Sarah Raper
Hospital Dentistry Institute
200 Hawkins Drive, PFP 51364
Iowa City, IA 52242

The University of Iowa is not responsible for any non-conference activities or services offered by the resort. The University makes no warranties or representations regarding the suitability or safety of the activities offered.