

# VAIL SKI & DENTAL CE

**JANUARY 26-30, 2026**

**IOWA** DENTISTRY

## 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 16, 2025**

Restorative Dentistry \$1,600

Surgical Orthodontic \$2,000

#### **After November 15, 2023**

Restorative Dentistry \$1,800

Surgical Orthodontic \$2,250

#### **Auxiliary Staff**

Restorative Dentistry (CE) \$680

(Audit) \$520

Surgical Orthodontic (CE) \$850

(Audit) \$650

Residents (Audit) \$550

Amount enclosed: \_\_\_\_\_

☐ Check \* ☐ Credit Card



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 College of Dentistry, and mailed with registration form to:

The University of Iowa College of Dentistry  
Attn: Ashley Eichelberger Denneny  
801 Newton Rd, S457  
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.