

VAIL SKI & DENTAL CE

IOWA DENTISTRY

JANUARY 25-29, 2027

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, 2026

Restorative Dentistry \$1,600
Surgical Orthodontic \$2,000

After November 15, 2026

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

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