

Texas Lutheran University
 Center for Professional Development
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 1000 W. Court St.
 Seguin, Texas 78155



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Dental Assisting Program Enrollment and Payment Form

Mail or hand-deliver with a check (payable to TLU) or credit card information to the address above.

Name	Date	
SSN (required)	Phone	
Address	Cell or alternate phone	
City, State, Zip	Email	
In case of emergency, contact Name		
Phone	Relationship	
<ul style="list-style-type: none"> • Please enroll me for the Dental Assisting program that begins on October 9, 2007, and ends on December 18, 2007. • Payment is due at time of enrollment. • I am paying \$1,799.00 for 100 contact hours of instruction and all books and materials. • I understand that the course cost includes a \$25.00 non-refundable enrollment fee. • No refund will be given once the program has begun. 		
Payment Method (check one) Check <input type="checkbox"/> Credit Card <input type="checkbox"/>		
If paying by credit card, please check which one: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card Number	Expiration date	Billing Zip Code
Exact Name as it appears on Card		
Signature:		Date: