

## No Refunds or Transfers

### Mail in Registration

Dental Continuing Education Office RS-131  
Sacramento City College  
3835 Freeport Boulevard, Sacramento, CA 95822  
Make checks payable to Sacramento City College

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

Class	Start Date	Fee
<b>Total Fee Enclosed</b>		<b>\$</b>

*For quick and easy enrollment:  
Call (916) 558-2443 with your VISA or MasterCard number.*

I wish to pay by VISA or MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card (if different from registrant): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

*I understand that Sacramento City College Dental Continuing Education courses are fee based and that the college does not offer refunds or credits for any reason.*