# **GST BOCES/CDAMP—REGISTRATION FORM**

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| **Date \_\_\_\_\_\_\_\_\_\_\_** StudentInformation **\*\*PLEASE PRINT LEGIBLY\*\*\*****Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_Gender\_\_\_ M/F\_\_\_****Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student’s Best Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**//////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////**Payment type: CASH / CHECK / VISA / MASTERCARD / AMERICAN EXPRESS/ DISCOVER (please circle)****Authorizing Company/Office/Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Billing Address (of card being used) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Office Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Who’s credit card is being used? DOCTOR OR STUDENT (circle)****Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date \_\_\_\_\_\_\_\_\_\_CVV/CVC # \_\_\_\_\_\_\_**

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|  **CDAMP** | **Textbook Needed** |  **MOD #** | **Challenge Exam Fee MOD I-IV only** | **Full MOD Fee** |
|  | **YES** |  |   |  |
|  | **NO** |  |  |  |
| **\*Textbook will be mailed to your dental office with a tracking number. Please be aware of this change\*** |  **$195.00\*** |  |  **$75.00** | **$295.00** |
| **\*Book fee includes shipping & tracking\* if applicable** |  |  |  |  |
| **TYPODONT MOD VIII only (up to $90 refundable upon completion & return of typodont) (payment not due until you register for MOD VIII)** | **$175.00** |  |  |  |

**Enrollees must be 18 years or older and have a high school diploma or passing GED/TASC.****Textbook: 6th Edition, *“Dental Assisting, A Comprehensive Approach*", by Singhal, Kantz & Damatta, 2023.****(5th edition allowed for use with approval by Colleen Pariso, Administrator for CDAMP. No more 5th editions will be purchased through BOCES, you must already have that edition in office.)****Make checks payable to GST BOCES.****Mail completed form to: GST BOCES/CDAMP/ATTN: COLLEEN PARISO 303 N. Main St., Elmira, NY 14901** |