# **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 # \_\_\_\_\_\_\_**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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** |