



COLLEGE OF DENTURISTS OF ONTARIO

Summer 2010 Qualifying Exam Form

Name: _____

Date: _____

Please indicate your preference(s):

- Friday, June 11, 2010 Written Exam
- Thursday, June 24, 2010 Written Exam
- Monday, July 5 to Friday, July 9, 2010 Practical Exam
- Monday, July 12 to Friday, July 16, 2010 Practical Exam

Method of Payment:

- Certified Cheque
- Money Order
- Credit Card
 - Visa MasterCard
 - Amount: _____

Card # _____ Expiry date _____

I authorize the College of Denturists of Ontario to charge my credit card in the amount indicated above.

Signature _____