

Dental Assisting and Dental Hygiene Boot Camp Registration Form

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Date to Attend Camp: (circle one)

October 20, 2017

OR

March 2, 2018

Are you older than 18? Yes or No (circle one)

(due to North Carolina radiographic regulations – please provide appropriate picture ID when making payment)

Program Interest? DA, DH, or undecided (circle one)

Have you attended an information session for admissions?

Yes or No (circle one)

If yes, was it Online or In Person (circle one)

Are you currently employed in a dental office? Yes or No (circle one)

Payment Options: Cash, Check (may be mailed), or Credit Card

Checks should be made payable to:

Wake Technical Community College

Payment may be made at the Dental Hygiene Clinic located on the 2nd floor of the Health Sciences Building at 2901 Holston Lane, Raleigh, NC 27610.

Please direct all questions to:

Trudy Clark at tsclark@waketech.edu or 919-747-0027

Brenda Maddox at bpmaddox@waketech.edu or 919-747-0139