



Remediation Registration

Auxiliary Name: _____

Initial Course Date & Location: _____

Remediation Fee: (circle one) \$125 (one restoration) \$250 (two restorations) \$375 (three restorations)

Remediation Date Selected : _____

If you would like to purchase additional preps for practice before the remediation exam, you may do so below:

Additional Preps Needed (\$5 each): #30 ____ x \$5 #12 ____ x \$5 #8 ____ x \$5

Address to mail preps to: _____

Auxiliary Email: _____

Auxiliary Cell Number: _____

Payment

Circle One: Check Enclosed Visa Mastercard Discover

Remediation Fee Due: _____ Additional Preps Fee Due: _____

Total Paid: _____

Credit Card #: _____ Exp: _____

CVS# _____ Name on Credit Card: _____

Fax completed form to 573-635-0764 or email to mandy@modentalmail.org.

For questions, please contact Mandy Lewis at 573-634-3436 or mandy@modentalmail.org.