



## Oral Examination Registration Form

### Exam Dates: April 16 & 17, 2012

#### Personal Information

Last Name	First Name	Middle Initial		
Street Address	City	State/Province	Zip/Postal Code	Country
E-Mail	Phone (include area or country/city code)			

#### Oral Examination Registration

- Please accept my registration for the Oral Examinations scheduled for April 16 & 17, 2012 in Boston, MA. (The exam schedule will be completed by January 13, 2012.)

#### Payment Information

Return this application with a Cashier's Check/Money Order/Check (U.S. Funds) made payable to the ABE for the non-refundable examination fee of \$425 (payment by credit card is not accepted).

Please read the following statements carefully and indicate your understanding and agreement by signing below:

I understand the following:

The Oral Examination fee of \$425 is non-refundable.

Applications received without payment will not be processed.

Deadline for the application submission is January 6, 2012. Applications received after that date will

I have also read and understand the Oral Exam Registration Process as outlined in the Oral Examination Information Form.

**Applicant's Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**American Board of Endodontics**  
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Phone: 800/872-3636 or 312/266-7310

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