



**CONSORTIUM OF OPERATIVE DENTISTRY EDUCATORS
C.O.D.E.**

Web site: <http://www.unmc.edu/code>

May 9, 2011

The Dues/Registration Fee for the year of 2011-2012 is **due and payable upon receipt of this statement.** This fee (\$50.00 US dollars) covers ALL participants from each dental school attending any one of the six regional meetings. **Please remit dues prior to July 1, 2011.**

The Federal Tax ID number, [731284440](#), may be utilized when processing this dues statement as required by your institution.

Please make the **check/money order (CREDIT CARDS NOT ACCEPTED)** payable to
Consortium of Operative Dentistry Educators (C.O.D.E.).

Detach Fee Statement below and return with your remittance to :

Consortium of Operative Dentistry Educators
Dr. Larry D. Haisch, National Director
UNMC College of Dentistry
40th and Holdrege Streets
Lincoln, NE 68583-0740

E-mail : lhaisch@unmc.edu
Phone: 402 472-1290
Fax: 402-472-5290

Please detach Fee Statement Receipt and return with your remittance.

CREDIT CARDS ARE NOT ACCEPTED

School: **FIELD(School)**

Person submitting remittance: **FIELD(Title) FIELD(First Name) FIELD(Last Name)**

| <u>Dues/Registration Fee Statement</u> | |
|---|--|
| | <u>2011-2012</u> |
| North American Dental Schools | \$50.00 (U.S. Dollars) |
| Amount Remitted | \$ _____ |
| | <small>(Please insert amount remitted)</small> |

PLEASE REMIT DUES PRIOR TO JULY 1, 2011