



**Ordering is easy!**

**By Phone:**

- **Call 1-518-346-4793**  
M-F 8 am - 6 pm EST.

**By Fax:**

- Fax completed order form  
to **1-518-514-1103.**

**By Mail:**

- Mail completed order form and payment to:  
**Access Online Continuing Education**  
**PO Box 14585, Albany, NY 12212**

**Please Type or Print Neatly:**

Name \_\_\_\_\_  
(as you want it to appear on your Certificate of Completion)

Profession \_\_\_\_\_  
(Optional)

State of Licensure \_\_\_\_\_ License # \_\_\_\_\_ License Exp Date \_\_\_\_\_  
(If Applicable) (If Applicable) (If Applicable)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

email address \_\_\_\_\_

Paying by: Check \_\_\_ Money Order \_\_\_ Visa \_\_\_ MC \_\_\_ Amex \_\_\_ Disc \_\_\_  
(Check One) (Payable to Access Continuing Education)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
(if different than above)

Cardholder billing address \_\_\_\_\_  
(if different than above)

Authorized Signature \_\_\_\_\_

COURSE	PRICE	Quantity	Total
California: Infection Control Course	\$40.00		
California: Dental Practice Act	\$40.00		
California: Infection Control Course <b>Large Print Version</b>	\$50.00		
California: Dental Practice Act <b>Large Print Version</b>	\$50.00		
Handling and Shipping ( <b>Priority Mail</b> )			\$ 6.95
Total Due			

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