

## DConline™ Fax Back Registration Form

Please fill out the below information and Fax this form to 563.332.5265  
Please Print neatly so we can effectively help you.

Name:

Street Address:

City:

State:  
or Country:

Zip:

**Last Four numbers of SS#**  
(or four other numbers you will  
remember!)

Phone Number:

**E-Mail Address**  
(You MUST enter a valid email address):

**Print Your Password**  
(no spaces or wildcards like #, &, %):

**Course Title(s):**  
Patient Care in Radiography for  
the CA

Your enrollment ID will be assigned to you by DConline and sent to the e-mail address listed above.

### Credit Card (MasterCard or Visa) Information\*

Name on Card

CC Number

Expiration Date

Print CC billing address in box below only if it is different than above address.

\*DConline will not retain credit card information. This form is shredded after posting tuition charges.

Thank you for using DConline™ for your educational requirements.  
We appreciate you and your business.