



**JADA CONTINUING DENTAL EDUCATION PROGRAM  
ANSWER SHEET  
SPECIAL EDITION: OCTOBER 2003**

1. Please place the pressure-sensitive label from the front cover of JADA over the shaded area below, or PRINT your name and address:

Last name _____	First name _____	Initial _____
Street address _____		Suite or Apt. # _____
City _____	State _____	ZIP code _____ Country _____
ADA member no. _____		

2. Daytime phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Total administrative fee enclosed:  \$12 ADA Member  \$18 ADA Nonmember

I wish to pay the administrative fee by the following method:

Check # \_\_\_\_\_ made payable (in U.S. funds drawn on U.S. banks) to  
**CU School of Dentistry**

VISA  M/C

Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

3. Check (✓) the answer to each question for each article you select. You may complete one or more articles.

<input type="checkbox"/> CE Article 1	<input type="checkbox"/> CE Article 2	<input type="checkbox"/> CE Article 3	<input type="checkbox"/> CE Article 4
A B C D	A B C D	A B C D	A B C D
Q1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4.  Check here if you wish us to send a copy of your test results directly to the Academy of General Dentistry.

**Mail answers and participation fee to this address:**

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Continuing Education—attn: JADA  
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