



RDAEF2 Program

Mail this form with payment (Cashier's Check, Dentist Check or MO) to:

EFDAA
42215 Washington Street, Suite A #378
Palm Desert, CA 92211
Efdaa4u@earthlink.net

Or

Fax (MasterCard, VISA, American Express credit card information to: (760) 200-2850

Be sure that your e-mail address is printed very clearly

(Please print)

Name		
Address		
City	State	Zip
E-mail (must be included)		
Home Phone ()	Cell Phone ()	
License #		

Employer Information

Employer Name		
Address		
City	State	Zip
Business Phone ()	Fax ()	

Tuition: \$4,500 for Course 1

Mandatory Student Kit: \$1,600



Payment Information (please check one box)

Credit Card

Cashier's Check

Money Order

Dentist Check

(for credit card payment only)

CC Holder's Name		
Account Number	Expiration Date	
Security Code (back of card)		
Address		
City	State	Zip
Authorized Signature		

Be sure to include copies of these required documents with this registration form!

- **Current California RDA or RDAEF pocket ID license**
- **Proof of coronal polishing, x-ray certification and sealant certification (printed on your pocket license)**
- **Current CPR certification**
- **Proof of malpractice (liability) insurance (copy of employer's insurance will meet this requirement)**

If you wish to reserve a seat before enrollment, you must submit a \$500 non-refundable deposit. If you go forward and enroll in the program scheduled for this program, your \$500 deposit will be credited towards your tuition.