



**Continuing Education for RDAs, OAs and RDAEFs2  
2 Hour Dental Practice Act CE Course  
2 Hour Infection Control CE Course**

**Complete this form and mail with payment (Cashier's Check, Dentist Check or MO) to:**

**EFDA  
42-215 Washington Street, Suite A #378  
Palm Desert, CA 92211  
Efdaa4u@efdaaservices.com**

**Or**

**Fax (MasterCard, VISA or American Express credit card payments only) to: (760) 200-2850**

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

**Registration Information**

(Please print clearly)

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

**Employer Information**

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



**Fee for 2 Hour IC Course: \$35**

**Fee for 2 Hour DPA Course: \$35**

**Please check one box for the course/s you wish to register:**

2 Hour DPA

2 Hour IC

Both DPA and IC

Payment shall be made through the following methods. I authorize EFDA to charge my credit card for the course/s that I have checked.

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		