



2 Hour Dental Practice Act Course

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

EFDAA
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: 2 Hour DPA Course: \$35

Payment shall be made through the following methods. I authorize EFDAA 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		