



**RDAEF2 Program**

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

**EFDA  
42215 Washington Street, Suite A #378  
Palm Desert, CA 92211  
Efdaa4u@efdaaservices.com**

**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 (American Heart Association, Red Cross)**
- **Proof of malpractice 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 this scheduled program, your \$500 deposit will be credited towards your tuition.**