



2 Hour Dental Practice Act 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: 2 Hour DPA Course: \$35

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 Transactions I agree that I and any person acting on my behalf that uses a Credit Card for Tuition understands that there are No Refunds and that any attempt at a Chargeback will be Denied)

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