



**RDAEF2 Program
Santa Barbara**

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: \$5,500 for Course 1

Mandatory Student Kit: \$1,800

Deposit: \$500.00

Payment Information (please check one box)

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)		
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.