



**EXPANDED FUNCTIONS  
DENTAL ASSISTANT  
ASSOCIATION**

42-215 WASHINGTON STREET, SUITE A #378  
PALM DESERT, CA 92211  
efdaa4u@efdaaservices.com www.efdaaservices.com  
Phone: 760-200-2851 Fax: 760-200-2850

**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:

**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 (    )	



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**Fee for 2 Hour IC Course: \$50.00**

**Fee for 2 Hour DPA Course: \$50.00**

**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 EFDAА 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		
Credit Card Numbers		Expiration Date
Security Code (back of card)		
Address		
City	State	Zip
Authorized Signature		