



**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

**RDA Written Examination Review Manual/Study Questions**

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 (    )	



**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

**RDA Written Review Manual/Sample Questions: \$75.00**

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

Our RDA manual includes study questions after each subject area. Once we process your order, there can be no refund.