



For faster registration:
Fax form to: 1(209) 357-7899

Registration Form

Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Work: _____ Fax: _____

E-mail _____

Course	Course #	Date	Location
____ RDA Clinical Skills Boot Camp:	____	____/____/____	_____
____ RDA Written:	_____	____/____/____	_____ (1 day class)
____ RDA Written Combo:	_____	____/____/____	_____ (2 day class)
____ Law & Ethics Review:	_____	____/____/____	_____ (1 day class)
____ Coronal Polish:	_____	____/____/____	_____
____ Radiation Safety:	_____	____/____/____	_____
____ 8 Hr. IC & DPA :	_____	____/____/____	_____
____ Pit & Fissure Sealants :	_____	____/____/____	_____
____ OAP Permit Course:	_____	____/____/____	_____ (82 hour / 3 weekends)
____ Ultra Sonic Scaler:	_____	____/____/____	_____
____ DA 16 week Dental Assistant Training Program:	_____	____/____/____	Location: _____

Fee: \$ _____

Additional Items:

- ____ \$150.00 Written Home Study
- ____ \$ 45.00 Law & Ethics Review Packet (only)
- ____ \$ 35.00 2 Hr. DPA (for license renewal)
- ____ \$ 35.00 2Hr. Infection Control (for license renewal)

Total: \$ _____

Payment Instructions: Fax or mail this registration form

- ____ Will mail check or money order
- ____ For Credit Card call: (209) 358-0707
- ____ Pay on Site, cash or money order (call for arrangements, 75.00 seat reservation fee required)

Card Type _____ Card Number: _____

Expiration Date: _____ 3digit code: _____ Name on Card: _____

**Mail To: Dental Advantage
P.O. Box 1146
Atwater, CA 95301**

**Or Call us at: (209) 358-0707
E-Mail: a.walker@sbcglobal.net
Cell: (559) 392-0909**