



Phone: (209)358-0707

Fax: (209)357-7899

Class Registration Form

STUDENT NAME (As it appears on Drivers License or state ID)

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Work: _____ Fax: _____

E-mail: _____

Course	Course #	Date	Location
___ RDA Written Review:	_____	___/___/___	<u>Zoom</u> (2 day class)
___ OAP Course:	_____	___/___/___	_____
___ Ultrasonic Scaler	_____	___/___/___	_____

Additional Items:

___ \$175.00 Written Home Study ___ \$60.00 Law & Ethics Review Packet (Only).

___ \$60.00 2 Hr. DPA (For license renewal). ___ \$60.00 2Hr. Infection Control (For license renewal)

Total: \$ _____

Payment Options: ___ Will mail check or money order ___ Credit Card

___ Pay on Site, cash or money order (call for arrangements, 100.00 seat reservation fee required)

Card Type: _____ Card Number: _____

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

Billing address: _____

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

**Or Call us at: (209) 358-0707
E-Mail: a.walker@sbcglobal.net
Fax: (209)357-7899**