



**College of Dental Technologists of Alberta**  
**CDTA Dental Technology Vocational Training Centre**

**The Health Science Profession of  
Dental Prosthetics**

**APPLICATION FOR  
THE ADVANCED REMOVABLE PARTIAL PROSTHETICS WORKSHOP  
FOR DENTAL TECHNOLOGY  
IN THE PROVINCE OF ALBERTA**

Name: \_\_\_\_\_ Auxiliary/Student/DT/RDT Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, HEREBY make application to participate in the **PARTIAL DENTURE WORKSHOP**.

Enclosed is my workshop fee of \$550.00

Registrants must provide their own hand tools.

Please make cheque or money order payable to: **College of Dental Technologists of Alberta (CDTA)**

Cheque     Money Order     Visa     MasterCard     American Express

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_

Cardholders' Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

\*This workshop is intended for members who are interested in enhancing their skills as a Dental Technician member. Participation in this workshop will detail strengths and weakness of a candidate in this area of Technology. **Participation in the workshop is not a prerequisite for or does it guarantee a passing grade on the Removable Partial Prosthodontics Examination.**

\*The place of the workshop may be dependent on geographical registration and the number of participants enrolled.

The entire workshop fee may be forfeited if cancellation notice has not been received at least four weeks prior to the workshop date.

Date of Application: \_\_\_\_\_ Signed: \_\_\_\_\_

This application and all correspondence pertaining to it should be addressed to:  
CDTA, #7, 9343 – 50 Street, Edmonton, Alberta, T6B 2L5  
Telephone: (780) 469-0615 Fax: (780) 469-1340