



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

**The Health Science Profession of
Dental Prosthetics**

**APPLICATION FOR
THE ADVANCED FIXED & REMOVABLE ORTHODONTIC APPLIANCES 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 **ORTHODONTICS 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 Orthodontics 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 AB, T6B 2L5
Telephone: (780) 469-0615 Fax: (780) 469-1340