



COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA

COMPREHENSIVE 2-DAY THEORY WORKSHOP (DENTAL TECHNOLOGY) APPLICATION

COMPREHENSIVE 2-DAY THEORY WORKSHOP APPLICATION

Name: _____ Membership #: _____

Home address: _____ Postal Code: _____

Work Phone: _____ Home Phone: _____ Fax: _____ Date of Birth: _____

Email: _____

I, *HEREBY* make application to participate in the **COMPREHENSIVE 2-DAY THEORY WORKSHOP**

Enclosed is my workshop fee of \$200.00 Requested Date of : _____

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

Cheque Money Order Visa MasterCard

Credit Card # _____ Expiry _____

Cardholders' Name: _____ Cardholder Signature: _____

A cancellation fee will be charged for any cancellation. The entire Workshop fee may be forfeited if cancellation notice has not been received at least forty-eight hours prior to the Workshop date.

Date of Application _____ Signed _____

NOTE: Fees in the form of cheques or money orders should be made payable to the College of Dental Technologists of Alberta. (CDTA)

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

RESULTS of Examination will NOT BE RELEASED BY PHONE.