Los Angeles Dental Society

8-Hour Infection Control Course Registration

Los Angeles DENTAL SOCIETY

8-Hour Infection Control Course Registration

Step 1. Complete this form and fax or email to LADS.

Step 2. After payment has been processed you will be sent a link to take the online portion of the course.
The didactic portion must be completed before moving on to the clinical portion.

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Employing Dentist: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Doctor's Phone: _____ Doctor's Fax: _____ Doctor's Email: _____

Schedule of Classes:

❑ FEBRUARY 13 ❑ AUGUST 13

❑ MAY 14 ❑ NOVEMBER 12

Payment must be processed before materials are distributed.* ***NO cancellations will be accepted 5 days before the date of student's selected course.* *Should cancellations occur 5 days prior to the date of the clinical course, no refunds will be given. A $150 re-enrollment fee will apply to reschedule a clinical course.*

LADS member/staff, Allied Dental Health Professional: ❑ $300 Non-LADS member: ❑ $400

Billing Address: _____

City: _____ State: _____ Zip: _____

Method of Payment: ❑ Check ❑ Visa ❑ Mastercard ❑ American Express

Name as appears on card: _____

Card Number: _____ Exp: _____ Security Code: _____

I understand that my employer must agree to sign the contract enclosed with this application. I also understand that the certificate of completion will only be released to me if I complete all stages of the class.

Signature: _____ Date: _____

Please return to: Los Angeles Dental Society 3660 Wilshire Blvd Ste: 510, Los Angeles, CA 90010 Phone 213.380.7669 Fax 213.380.7672 www.ladental.com hmorinaga@ladental.com