

Radiation Safety & Protection Course

*Cost: \$100.00

Date	Location	Deadline
<input type="checkbox"/> February 9, 2008	Autry Tech Center- Enid	January 21, 2008
<input type="checkbox"/> May 17, 2008	Cox Convention Center – Oklahoma City	April 28, 2008
<input type="checkbox"/> June 14, 2008	Great Plains Area Vo-Tech- Lawton	May 25, 2008
<input type="checkbox"/> July 26, 2008	Indian Capital Vo-Tech- Muskogee	July 7, 2008
<input type="checkbox"/> September 20, 2008	(Location TBA) – Tulsa	September 1, 2008
<input type="checkbox"/> December 6, 2008	(Location TBA)- Oklahoma City	November 17, 2008

The Oklahoma Board of Dentistry approves this course. Dental assistants in Oklahoma may expose radiographs only after successfully completing this course, meeting additional Board requirements and obtaining their certificate from them.

ENROLLMENT FEE:

\$100.00 per person. This must be paid in advance. Refunds will only be granted on or before the above enrollment deadline date (minus a \$25.00 administrative fee). After this date ½ will be refunded. "No shows" will not receive a refund. Make checks payable to the Oklahoma Dental Foundation. Notice must be given by the deadline date to receive a refund. No exceptions. Price increases are subject to ODF Board approval.

MAIL PAYMENT WITH THIS APPLICATION TO:

Attn: Radiation Safety Course
Oklahoma Dental Foundation
317 NE 13th Street
Oklahoma City, OK 73104

If you have questions, call (405) 241-1299. *(Return this entire form)*

ENROLLMENT:

Enrollment will not be accepted after the deadline date above. Class size is limited. A course manual and enrollment information will be sent to students approximately two (2) weeks prior to the course. **Lunch is included** in the enrollment fee. All courses are subject to change or cancellation due to *Force Majeur* reasons.

Print legibly or type – List entire address including box or suite number:

Name _____ Home Phone (____) _____

Home Address _____

City _____ State _____ Zip _____

Employing Dentist _____ Office Phone (____) _____

Office Address _____ Suite _____

City _____ State _____ Zip _____

School – If Dental Assisting School _____

School Phone _____

Non-discriminatory Policy Statement

It is the policy of this Foundation to provide all of its services and programs to persons of any race, religion, creed, national or ethnic origin and color. The Foundation shall not discriminate on the basis of race, religion, creed, national origin or ethnic origin and color in the administration of any of its programs or services.



ODF OFFICE USE ONLY

Date Rcv'd _____ Check/CC-AP # _____ Amount _____ Data Entered _____

****MAKE COPIES OF THIS FORM FOR YOUR RECORDS****