

**LOUISIANA DENTAL ASSOCIATION
RADIOGRAPHICS ORDER FORM**

Choose from 3 Formats
VHS – CD ROM – DVD
(see below)

Date: _____

Name of Person(s) Taking the Test: 1. _____ 4. _____
(As the name should appear on Certificate)
(Please print) 2. _____ 5. _____
3. _____ 6. _____

Office Mailing Address for Certificates:
1. _____

Employed by: Dr. _____ Phone: _____
(Please print)

Address: _____ City _____ Zip _____



PLEASE CHOOSE FORMAT: VHS TAPE CD-ROM DVD



Fee: Member Dentist \$50.00 (For 1st staff person) \$ _____
(Fee includes depreciation cost on video, one student's workbook, certificate of completion, and mailing charges.)

Fee: Non-Member Dentist - \$85.00 (For 1st staff person)
Plus: \$300.00 deposit for course (refunded upon return of VHS/CD/DVD)
Total initial fee: \$385.00 \$ _____

For additional staff, please add the following:

(Member Dentist) Additional workbook for added staff person: _____ x \$20.00 ea. = \$ _____

(Non-Member Dentist) Additional workbook for added staff person: _____ x \$30.00 ea. = \$ _____

***Add \$15 credit card convenience fee** + \$ _____

TOTAL DUE \$ _____



Payment: Check # _____ (Make check payable to: Louisiana Dental Association)

Credit Card _____ *(Please circle)* **Visa MasterCard** ***Add \$15 credit card convenience fee**

Name *(as it appears on card):* _____ **Expiration Date** _____

Credit Card # _____ **3-Digit Code** (on back of card): _____

*In accordance with a resolution of the LDA Board of Directors, beginning August 1, 2009, card users will be assessed a separate, non-refundable convenience fee of \$15 at the time of each credit or debit card payment made to the Louisiana Dental Association (LDA). The non-refundable convenience fee will be included with your total payment amount on your credit card statement.

NOTE: *The VHS/CD/DVD must be returned to the LDA office within (15) working days. If it is past the designated due date, there will be an assessment of \$3.00 per day. If it is not returned within thirty (30) days from the due date, you will be assessed \$100.00, plus shipping and handling for replacement.*



Return to: Louisiana Dental Association
7833 Office Park Blvd., Baton Rouge, LA 70809 or FAX to: (225) 926-1886