



Radiographic Online Course Order Form

Date: _____

(Please Print Clearly as this will be used to LOGIN.)

Name of person(s) taking the course

(As the name should appear on Certificate)

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

School/Academy Name and Mailing Address, *if applicable*:

Contact Person's Name: _____ Telephone Number: _____

Email Address: _____

Sponsoring Dentist's Name: _____

Sponsoring Dentist's Mailing Address: _____

Fee includes cost of the online course and certificate of completion.

LDA Member Dentist \$50.00

LDA Non-Member Dentist \$125.00

Additional Online Course for Groups

LDA Member – each additional course participant is \$25.00 \$____.00

Non-Member - each additional course participant is \$50.00 \$____.00

Radiographic Course

Total Due: \$____.00

Payment (Select Payment Option)

☐

Check - payable to LDA; mailed to 5637 Bankers Ave; Baton Rouge, LA 70808

☐

Debit Card

☐

Credit Card - add 3% credit card convenience fee to the total purchase amount for each credit transaction.

****We accept Visa, MasterCard, American Express and Discover****

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

Card #: _____ CVC: _____ Zip Code: _____

Total Credit Card Charge (includes 3% convenience fee): \$_____

[Email request form to Amber@ladental.org](mailto:Amber@ladental.org) or call (225) 926-1986