



## Restorative II Remediation Registration

Registration form must be completed and payment received before a remediation is scheduled for an auxiliary.

Spots will be filled on a first-come, first-served basis per exam date.

REGISTRANT INFORMATION							
Auxiliary Name			Remediation Date				
Auxiliary Email A			Auxiliary Cell				
Original Course Date & Location			Typodont Identifier				
Supervising Doctor							
Exam Fee: Total fees are calculated based on the number of restorations an auxiliary needs to remediate.							
☐ \$125 (one restoration)	☐ \$250 (two restoration			<b>□</b> \$	☐ \$375 (three restorations)		
Additional exam preps may be purchased for your practice and preparation. Preps are \$7 each.							
□ #8 \$7 x (QTY)	□ #12 \$7 x (QTY)				□ #30 \$7 x (QTY)		
PAYMENT							
Total Amount Due \$	☐ Credit Card (VISA/MC/DISC)			☐ Check (Payable to MDA)			
Card Number			Ехр	p Date		CSV	
Name on Card				Signature			
ADA Membership #							
Phone	Email						
CREDIT CARD BILLING ADDRESS Provide only if paying by credit card							
Address							
City			State		Zip	Zip	
SHIPPING ADDRESS Provide only if you want items shipped to address DIFFERENT from credit card							
Address							
City			State		Zip		

All Remediation Exams are held in at the Clinical Training Center, 3340 American Ave, Jefferson City.

Exams may begin as early as 9am and will be scheduled based on how many restorations need to completed. Approximately one week prior to the exam, an email will be sent with more exam details including the the exam start time.

**FAX OR MAIL CREDIT CARD PAYMENTS / MAIL FORM & CHECK PAYMENTS** 

Missouri Dental Association, 3340 American Ave, Jefferson City, MO 65109 Fax 573-635-0764 Questions: 573-634-3436 or <a href="mailto:ma