ORDER FORM

Purchase Printed Materials – Dental Assistant Trainee Manual

Printed Copy of Dental Assistant Trainee Manual: \$70	
Please complete the f	ollowing information (print or type clearly):
Name:	
Address:	
	Street
	City/State/Zip
E-mail Address:	
Phone:	<u> </u>
Date:	

Please return this form along with payment to the Iowa Dental Board.

Make check or money orders payable to the Iowa Dental Board. The fee must be received in the Board office prior to release of the materials.

Mail form and payment to:

Iowa Dental Board 400 S.W. 8th Street, Suite D Des Moines, IA 50309-4687