



**DENT 001**

**(HLT 092)**

**\$85.60**

Introduction to Dental Assisting (*equivalent to DENT 100*)

Designed for individuals not currently employed in the dental field who are considering a career as a Dental Assistant. Provides information and activities to introduce students to the dental profession and to enable individuals to make an informed choice with respect to a dental assisting career. **This is a non-academic course. Point Value: 1; used for Selection Criteria for the Certified Dental Assistant program at Okanagan College. (Completion time is 4 weeks)**

**REGISTRATION:**

You may register for the Distance Education **Introduction to Dental Assisting** course:

- by mailing the completed registration slip provided at the bottom of this page, along with the applicable fee(s)
- by phoning the Kelowna Campus at (250) 862-5480 or toll-free at 1-888-638-0058 (within BC), or 1-877-755-2266 (within Canada) (with MasterCard, Visa or American Express)
- by FAX (250) 862-5434 (registration form with MasterCard, Visa or American Express)
- in person, at the Continuing Studies office at the Kelowna campus or any other Continuing Studies Department within the Okanagan College region

***(Please make cheques payable to Okanagan College)***

**Okanagan College  
Continuing Studies  
1000 KLO Road  
Kelowna, BC V1Y 4X8**



Please register me for the following distance education course, offered on a continuing basis, subject to availability:

<b>DENT 001 – Introduction to Dental Assisting</b>	<b>(HLT 092)</b>	<b>\$85.60</b>	<b>\$ _____</b>
Shipping & Handling (if applicable)			<b>\$ _____</b>
<b>TOTAL</b>			<b>\$ _____</b>

**\*\*SHIPPING & HANDLING:**

If your student record indicates that your *mailing address* is outside of the Okanagan College region, the following charges will be applied. For pick up locations or shipping information please go to [www.okanagan.bc.ca/DEmaterials](http://www.okanagan.bc.ca/DEmaterials).

\* Within Canada - \$25

\* Outside of Canada - \$100

Last Name: _____			First Name: _____			Middle Name: _____		
Address: _____				City/Prov: _____				
Postal Code: _____			Phone: (H) _____			(W) _____		
Birth Date (for ID purposes only): _____					Email Address: _____			
VISA: _____			Verification Code: _____			Expiry Date: _____		
MasterCard: _____			Verification Code: _____			Expiry Date: _____		
American Express: _____			Verification Code: _____			Expiry Date: _____		
Cardholder's Name: _____					Signature: _____			

**PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE**