



MANITOBA DENTAL ASSOCIATION

#202 – 1735 Corydon Avenue, Winnipeg, Manitoba R3N 0K4 Phone: (204) 988-5300 Fax: (204) 988-5310
www.ManitobaDentist.ca

APPLICATION FOR USE OF MDA SCANNING SYSTEM

Must be received at least one week prior to event date

Please ensure Part A and Part B are filled out entirely

Part A - CONTACT INFORMATION:

Applicant Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email Address: _____

Requested Delivery or Pick up Date: _____

If Delivery, pay by Cheque (payable to MDA) or Credit Card (Authorization form attached)

Delivery Address (if different from above): _____

SCANNER RENTAL AGREEMENT

1. **Term.** This agreement shall commence on the requested date of delivery and remain in force until equipment is returned. The equipment shall be returned within 48 hours of the course end date.
2. **Payment.** If delivery is requested a \$25.00 delivery fee is required, payable by cash, cheque or credit. Loss of, or damage to the equipment will incur a \$500.00 replacement fee per scanner.
3. **Use of Equipment.** Two scanners will be issued for every course, however, if 200 or more attendants are expected additional scanners should be requested.
4. **Care of Equipment.** Equipment can only be used in a careful and proper manner and shall be used only for the purpose of scanning MDA CE cards.

I agree to the terms stated above.

Printed Name

Signature

Date

MDA OFFICE USE ONLY

of scanners to be rented:

Fee paid:

Equipment returned on time YES NO

Equipment returned in good condition YES NO



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Part B - CE COURSE INFORMATION:

Course Provider: _____

Course Title: _____

Name of Speaker: _____

Course Date(s): _____

A detailed event itinerary must be provided to ensure correct data upload. Please include any scheduled breaks, lunches or dinners.

Course Start Time: _____

Scheduled break start: _____ Scheduled break end: _____

Course End Time: _____

Attendees must scan in at the beginning of the event and scan out when leaving after the event has finished. Scanning in and out for lunch/dinner or any other scheduled breaks is required. CE credits are only awarded for learning time in the CE session.

A credit hour is recognized for an hour of instruction, lecture or participation. Attendees will receive credit only for the total number of hours as scanned. Members will receive a maximum of six credit hours in a given day.

Please be advised that scanned data is uploaded at the MDA office following the event and will be added to individual member's account once this process is complete. Members may access most current transcript by their online portfolio available at: www.manitobadentist.ca

MDA OFFICE USE ONLY

Subject code:

Program code:



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CREDIT CARD AUTHORIZATION FORM:

Applicant Name: _____

Visa Mastercard

Card Number: _____ Expiry: _____

MDA Scanner Rental Fee

\$25.00

Cardholder's Name: _____

Cardholder's Signature: _____