

2020 REGISTRATION FORM

Mail form with check made payable to CINCINNATI DENTAL SOCIETY or credit card information to:
Cincinnati Dental Society, 9200 Montgomery Road, Suite 21A, Cincinnati, Ohio 45242-7797
Phone (513) 984-3443 Members Only Line (513) 984-3222 Fax (513) 984-3047

NAME _____ ADA NUMBER _____

ADDRESS _____

TELEPHONE # (_____) _____ AMOUNT ENCLOSED _____ CHECK # _____

CC # _____ EXP. DATE _____ CVV: _____
Circle One: Discover VISA MC AMEX

COMPLETE SERIES – Check one of these below so we know your lunch preference for the year.

_____ Please register me for all five courses. I understand that if I am unable to attend, I should contact the Executive Office by the Friday preceding each course. If I fail to do so I will be invoiced **\$35** for lunch.

_____ **Do not** register me for all five courses. I will confirm my attendance by notifying the Executive Office by the Friday preceding each course. If I fail to do so, a lunch and continuing education card **will not** be available the day of the program.

ANY ONE-DAY PROGRAM (tuition includes lunch)

_____ **Friday, February 7, 2020 – Judy Kay Mausolf** **6.5 CE Credits**
“*Delivering the W.O.W. Service*” and “*Communication Solutions*” – Sharonville Convention Center
_____ Dental Hygienists, Dental Assistants & Administrative Personnel
_____ List First and Last Names and position _____

_____ **Friday, March 6, 2020 – M. Nader Sharifi, DDS, MS** **6.5 CE Credits**
“*Uppers are from Mars, Lowers are from Venus: Overdenture Solutions*” and “*Restorative Controversies in Implant Dentistry*” – Sharonville Convention Center
_____ Dental Hygienists, Dental Assistants & Administrative Personnel
_____ List First and Last Names and position _____

_____ **Friday, April 3, 2020 – Manor Haas, DDS** **6.5 CE Credits**
“*ENDO for GPs: Better, Faster & Safer Root Canals*” and “*ENDO for GPs: Treating Pediatric and Geriatric Patients*” – Jack Casino, Cincinnati
_____ Dental Hygienists, Dental Assistants & Administrative Personnel
_____ List First and Last Names and position _____

_____ **Thursday, October 29, 2020 – John McGill, CPA, MBA, JD** **6.5 CE Credits**
“*Achieving Financial Independence*” – Sharonville Convention Center
_____ Spouses ONLY IF attending with the dentist.
_____ List First and Last Names and position _____

Friday, November 20, 2020 – Karen Davis, RDH, BSDH

6.5 CE Credits

“Creating the Ultimate Doctor-Patient Hygiene Exam” and “Exposed & Vulnerable: Managing Dentin & Root Exposures” – Jack Casino, Cincinnati

Dental Hygienists, Dental Assistants & Administrative Personnel

List First and Last Names and position

<u>PAYMENT OPTIONS</u>	<u>Cincinnati Dental Society Members</u>	<u>Associate Members</u>	<u>Non-Members</u>
Complete Series			
Check or Credit Card			
By 11-15-19	\$1,150	\$1,150	\$1,500
By 1-17-20	\$1,275	\$1,275	\$1,600
After 1-17-20	\$1,500	\$1,500	\$1,700

2-Day Package Special \$ 625 \$ 625 N/A
 Good **Only if Paid By 1-17-20
 This is the total fee for both courses.

Dates of the Two Courses I Will Attend: _____ and _____.

Any One-Day Program			
Dentist	\$ 350	\$ 350	\$ 550
Dental Hygienist, Dental Assistant and Administrative Personnel			
First	\$ 85	\$ 85	
Each Additional	\$ 70	\$ 70	

PROGRAM FEES \$ _____

DENTAL HYGIENISTS, DENTAL ASSISTANTS, AND ADMINISTRATIVE PERSONNEL \$ _____

TOTAL (ENCLOSED) \$ _____

Please check here! _____ YES, I HAVE PURCHASED THE COMPLETE SERIES AND WOULD LIKE TO REGISTER FOR THE MAY 1, 2020 COURSE WITH DR. HAROLD CROSSLEY.
 My registration form is included with the complete series registration form.

PLEASE NOTE: ASSOCIATE MEMBER ANNUAL FEE FOR 2020 IS \$130.00. IF YOU WOULD LIKE ADDITIONAL INFORMATION ON BECOMING AN ASSOCIATE MEMBER OF THE CINCINNATI DENTAL SOCIETY, PLEASE CONTACT THE EXECUTIVE OFFICE AT (513) 984-3443.