

**2021 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 5, 2021 – Susan Muller, DMD** **6.5 CE Credits**  
*“Red, White and Ulcerative Lesions of the Oral Cavity. What are they? How to treat?” - Hard Rock Casino, Cincinnati*  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Friday, March 26, 2021 – Jeffrey Okeson, DMD** **6.5 CE Credits**  
*“What every dentist needs to know about TMD and occlusion – The facts and the fantasies - Sharonville Convention Center*  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Friday, April 23, 2021 – Josh Austin, DDS** **6.5 CE Credits**  
*“Differentiate Yourself: Clinical & Marketing Tips to Generate New Patients!” – Sharonville Convention Center*  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Friday, October 29, 2021 – David Rothman, DDS** **6.5 CE Credits**  
*“The 4 P’s of Pediatric Dentistry: Physiology, Pharmacology, Psychology and Phamily” and “You Want to Do What to My Child?”– Sharonville Convention Center*  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Friday, November 19, 2021 – Kirk Behrendt

6.5 CE Credits

\_\_\_\_\_ “Being All That We Can Be: Changing Perspective to Change Reality” – Hard Rock Casino, Cincinnati

\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel

\_\_\_\_\_ List First and Last Names and position \_\_\_\_\_

<u>PAYMENT OPTIONS</u>	Cincinnati Dental Society <u>Members</u>	Associate <u>Members</u>	<u>Non-Members</u>
<b>Complete Series</b>			
<b>Check or Credit Card</b>			
_____ By 11-20-20	\$1,150	\$1,150	\$1,500
_____ By 1-15-21	\$1,275	\$1,275	\$1,600
_____ After 1-15-21	\$1,500	\$1,500	\$1,700

\_\_\_\_\_ **2-Day Package Special** \$ 625 \$ 625 N/A  
*\*\*Good **Only** if Paid By 1-15-21*  
*This is the total fee for both courses.*

Dates of the Two Courses I Will Attend: \_\_\_\_\_ and \_\_\_\_\_.

<b>Any One-Day Program</b>			
_____ Dentist	\$ 350	\$ 350	\$ 450
_____ Dental Hygienist, Dental Assistant and Administrative Personnel			
_____ First	\$ 85	\$ 85	
_____ Each Additional	\$ 70	\$ 70	

PROGRAM FEES \$ \_\_\_\_\_

SPOUSES, DENTAL HYGIENISTS, DENTAL ASSISTANTS, AND ADMINISTRATIVE PERSONNEL \$ \_\_\_\_\_

TOTAL (ENCLOSED) \$ \_\_\_\_\_

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Please check here! \_\_\_\_\_ YES, I HAVE PURCHASED THE COMPLETE SERIES AND WOULD LIKE TO REGISTER FOR THE MAY 7, 2021 COURSE WITH DR. MANOR HAAS.  
The separate registration form is included with the complete series registration form.

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**PLEASE NOTE: ASSOCIATE MEMBER ANNUAL FEE FOR 2021 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.**