

2023 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 3, 2023 – Harold Crossley, DDS** **6.0 CE Credits**
“Clues to Your Patients’ Health: The Most Prescribed Medications and How They May Impact Your Dental Treatment” and “Everything You Wanted to Know About Street/Pharmaceutical Drug Abuse and Their Impact on You, Your Family, and Your Dental Practice” – Delta Hotels by Marriott
_____ Dental Hygienists, Dental Assistants & Administrative Personnel
List First and Last Names and position _____

_____ **Friday, March 3, 2023 – Alan Budenz, MS, DDS, MBA** **6.0 CE Credits**
“Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology” – Delta Hotels by Marriott
_____ Dental Hygienists, Dental Assistants & Administrative Personnel
List First and Last Names and position _____

_____ **Friday, April 21, 2023 – Timothy Donley, DDS, MSD** **6.0 CE Credits**
“How to Transition to a Wellness-Oriented Practice Starting Tomorrow” and “A Choreographed Hygiene Protocol” - Delta Hotels by Marriott
_____ Dental Hygienists, Dental Assistants & Administrative Personnel
List First and Last Names and position _____

_____ **Friday, October 27, 2023 – Brian Novy, DDS** **6.0 CE Credits**
“Offensive Dentistry” and “Nobody Caries” – Delta Hotels by Marriott

List First and Last Names and position _____

Friday, November 17, 2023 – Jimmie Harper, Jr., DDS and
 Deepak Krishnan, DDS

6.0 CE Credits

“Medical Emergencies in the Dental Office” – Delta Hotels by Marriott
 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 11-18-22	\$1,200	\$1,200	\$1,500
_____ By 1-13-23	\$1,325	\$1,325	\$1,625
_____ After 1-13-23	\$1,450	\$1,450	\$1,750

2-Day Package Special \$ 600 \$ 600 \$ 700

Good **Only if Paid By **1-13-23**
 This is the total fee for both courses.

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

Any One-Day Program			
_____ Dentist	\$ 325	\$ 325	\$ 600
_____ Dental Hygienist, Dental Assistant and Administrative Personnel			
_____ Number Attending	\$ 80	\$ 80	

PROGRAM FEES \$ _____

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

TOTAL (ENCLOSED) \$ _____

***PLEASE NOTE: ASSOCIATE MEMBER ANNUAL FEE FOR 2023 IS \$135.00. 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.***

Dental Hygienists, Dental Assistants,
including EFDAs, and Administrative Personnel may attend a course
even if their *dentist is not registered* or attending the course.

Course fees:

Staff of Cincinnati Dental Society Member and Associate Members:

First, \$125, each thereafter, \$110 each. Fee includes lunch.

Staff of Non-Cincinnati Dental Society Members: First \$195, thereafter \$180 each. Fee includes lunch.

2023 REGISTRATION FORM - Staff Attending Without Dentist

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NAME _____ TELEPHONE # () _____

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AMOUNT ENCLOSED _____ CHECK # _____

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Please check (✓) your selection below.

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For details of any program, please visit the Cincinnati Dental Society website: cincinnati-dental.org.

**CINCINNATI DENTAL SOCIETY
PAYMENT/INSTALLMENT PLAN FOR 2023 CE PROGRAM**

Please check one option!

_____ **By 11-18-22 \$1,200 (Credit Card Amount of \$352.50 - 15th of November, December, January, and February). Processing fee of \$2.50 per month is included in fee of \$302.50.**

_____ **By 1-13-23 \$1,325 (Credit Card Amount of \$383.75 - 15th of January, February, March, and April). Processing fee of \$2.50 per month is included in fee of \$333.75.**

I hereby authorize Cincinnati Dental Society to process my credit card in the amount of \$ _____ using the credit card information below on or after the first day of each month after the date of the signing of this authorization form beginning _____.

Credit Card Holder Name: _____

Credit Card Holder Address: _____

Phone Number to Reach Credit Card Holder: _____

Credit Card Number#: _____

Expiration Date: _____ **CVV:** _____

Credit card processing will occur on the 15th of each month unless that day falls on a weekend, then the processing will take place on the next business day.

This authorization is to remain in effect until _____ OR has received written notification from the credit card holder(s) of its termination. The credit card holder(s) must contact Vicki Nixon, Cincinnati Dental Society directly, with instructions to discontinue processing charges or to change credit card information.

Signature of Account Holder: _____

**→ Please return this form along with registration to: Cincinnati Dental Society,
9200 Montgomery Rd., Suite 21-A, Cincinnati, OH 45242 or
fax to 513-984-3047.**

“Opioid Use, Misuse, Abuse, and Addition: Appropriate Opioid and Non-Opioid Prescribing” by Harold Crossley, DDS

Saturday, February 4, 2023

This two-hour program will discuss the addictive nature, abuse, and proper prescribing of opioids in a dental practice. For centuries opioids have been used to control pain and suffering, but at what cost to us, our families, and our dental practices? What are our alternatives for controlling post-operative pain? This lecture will satisfy the Ohio State Dental Board’s requirement for opioid prescribing for the biennium ending 12/31/23 for dentists and hygienists!

At the conclusion of this course, the attendees will know how to combine analgesics to maximize post-operative pain control, appropriate clinical use of the opioid and non-opioid analgesics, what a PDMP is and the regulations for using PDMP in Ohio, what is naloxone, and how/when it is appropriate to use as well as signs of opioid overdose.

Location: Delta Hotels by Marriott, 11320 Chester Road, Cincinnati, OH 45246

Schedule: 7:15 to 8:00 am – Registration and Continental Breakfast ** 8:00 to 10:00 am – Program

Fee: CDS Member and Associate Member - \$45 each **CE:** Two (2) Hours
Non-Member - \$70 each ** Dental Hygienists - \$25 each

Registration Deadline: January 20, 2023

Cancellation Policy: No refunds for this course.

The Cincinnati Dental Society is an ADA CERP Recognized Provider approved by the ODA.

REGISTRATION FORM FOR 2/4/23

Dentist Name: _____ Phone #: _____

Dental Hygienist Name(s): _____

Number Attending _____ Total \$ _____ Check Made Payable To: Cincinnati Dental Society

AMEX/DISC/MC/VISA Credit Card #: _____

Exp. Date: _____ CVV #: _____ Zip Code of CC Billing Address: _____

Please fax or mail registration form to the:

***Cincinnati Dental Society’s Executive Office, 9200 Montgomery Rd., Suite 21-A,
Cincinnati, OH 45242 – Fax 513-984-3047.***