

**2024 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 four (4) 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 four (4) 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, March 1, 2024 – Gerard Kugel, DMD, MS, PhD** **6.0 CE Credits**  
“The Future of Dentistry-It’s 3D Printing!” and “Adhesive Dentistry & Bioactive Materials”  
– Delta Hotels by Marriott  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Friday, April 12, 2024 – DeWitt Wilkerson, DMD** **6.0 CE Credits**  
“Integrative Dental Medicine: The Next Great Frontier” – Delta Hotels by Marriott  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Friday, October 11, 2024 – Tanya Brown, DMD** **6.0 CE Credits**  
“Practice Management A to Z – Find the Hidden Potential in Your Team and Practice”  
– Delta Hotels by Marriott  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Friday, November 15, 2024 – Jay Smith, DDS** **6.0 CE Credits**  
“Prosthodontic ‘Pearls’ for Enhanced Efficiency in Implant Dentistry” and “Enhanced Aesthetics with Crowns and Veneers” – Delta Hotels by Marriott  
\_\_\_\_\_ Dental Hygienists, Dental Assistants & Administrative Personnel  
List First and Last Names and position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>PAYMENT OPTIONS</u> <i>Complete Series</i>	<u>Cincinnati Dental Society Members</u>	<u>Associate Members</u>	<u>Non-Members</u>
<b>Check or Credit Card</b>			
_____ By 11-10-23	\$1,160	\$1,160	\$1,400
_____ By 1-12-24	\$1,260	\$1,260	\$1,500
_____ After 1-12-24	\$1,360	\$1,360	\$1,600

**2-Day Package Special** \$600 Associate Members \$600 Non-Members \$700

\*\*Good Only if Paid By 1-12-24  
This is the total fee for both courses.

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

<b>Any One-Day Program</b>			
_____ Dentist	\$ 325	\$ 325	\$ 400
_____ Denal Hygienist, Dental Assistant and Administrative Personnel			
_____ Number Attending	\$ 80	\$ 80	

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

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

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

***PLEASE NOTE: ASSOCIATE MEMBER ANNUAL FEE FOR 2024 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, \$110, each thereafter, \$95 each. Fee includes lunch.

Staff of Non-Cincinnati Dental Society Members: First \$175, thereafter \$160 each. Fee includes lunch.

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**2024 REGISTRATION FORM - Staff Attending Without Dentist**

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Phone (513) 984-3443 \*\* Fax (513) 984-3047

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NAME \_\_\_\_\_ TELEPHONE # ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_ CHECK # \_\_\_\_\_

CC # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV \_\_\_\_\_

Circle One: Discover VISA MC AMEX

Please check (✓) your selection below.

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For details of any program, please visit the Cincinnati Dental Society website: [www.cincinnatiadental.org](http://www.cincinnatiadental.org).

**CINCINNATI DENTAL SOCIETY  
PAYMENT/INSTALLMENT PLAN FOR 2024 CE PROGRAM**

**Please check one option!**

\_\_\_\_\_ **By 11-10-23 \$1,160 (Credit Card Amount of \$292.50 - 15<sup>th</sup> of November, December, January, and February). The processing fee of \$2.50 per month is included in the fee of \$292.50.**

\_\_\_\_\_ **By 1-12-24 \$1,260 (Credit Card Amount of \$317.50 - 15<sup>th</sup> of January, February, March, and April). The processing fee of \$2.50 per month is included in the fee of \$317.50.**

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 15<sup>th</sup> 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.**