

2022 SERIES PRE-REGISTRATION FORM CPDS Continuing Ed. Series



Name _____ Phone _____ Email REQUIRED: _____

Friday, January 14 **'Forensic Dentistry'**

_____ I'm attending **Live** in Person at **the Holiday Inn** _____ I'm attending via **Zoom**

Thursday, February 17 **'Suicide Prevention/OSHA-Bloodborne Training/Legal Tools/ODA Update'**

_____ I'm attending **Live** in Person at **the Holiday Inn** _____ I'm attending via **Zoom**

Wednesday, April 6 **'Differential Diagnosis of Oral Lesions' & 'Medical Emergencies in the Dental Office'**

_____ I'm attending **Live** in Person at **the Holiday Inn** _____ I'm attending via **Zoom**

Thursday, November 10 **'Your Actions Speak Louder Than Words: Ethics Is YOUR Choice' and 'Money In, Money Out'**

_____ I'm attending **Live** in Person at **the Holiday Inn** _____ I'm attending via **Zoom**

\$_____ **Total Enclosed**

Series Rates—includes all 4 courses

Sorry, we cannot make refunds after a program is over.

ADA Member **\$795** before January 1 / **\$825** After

Non Members **\$925**

Daily Rates

ADA Member **\$290**

Non Member **\$340**

Staff **\$65**

Retired/Resident **\$45**

Lunch Only **\$25**

List staff or spouse attending, indicate program dates, and email addresses:

\$_____ Total amount enclosed *Online Registration preferred, please see CE on our website

Lunch cannot be guaranteed for anyone attending without advance registration. Questions? Call 330.719.1297.

Corydon Palmer Dental Society is a PACE Program Provider. Corydon Palmer Dental Society designates 6 continuing education credits for each full day course.

Please make checks payable to:
Corydon Palmer Dental Society
PO Box 284
Cortland, OH 44410