

2017 CONTINUING EDUCATION REGISTRATION FORM

Please Make Checks Payable To: **THE DAYTON DENTAL SOCIETY**
 And Mail To: **436 PATTERSON ROAD - DAYTON, OH 45419-4306**
MC / VISA ACCEPTED - FAX REGISTRATION TO (937) 294-7099

NAME _____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE () _____

REGISTER BEFORE JANUARY 13, 2017 AND SAVE

FRIDAY, JANUARY 20, 2017
DR. STEPHEN CHU, DMD, MSD, CDT
*"Management of Type 1 and Type 2
 Extraction Socket: Periodontal Restorative
 Interrelationships"*

 DR: _____
 STAFF: _____

DDS MBR		ADA MBR		NON MBR	
BEFORE 1/13/17	AFTER 1/14/17	BEFORE 1/13/17	AFTER 1/14/17	BEFORE 1/13/17	AFTER 1/14/17
CO-SPONSERED BY:					
\$285/\$305		\$325/\$345		\$525/\$545	
\$135.00		\$145.00		\$160.00	
\$135.00		\$145.00		\$160.00	

FRIDAY, OCTOBER 6, 2017
DR. DANIEL BECKER, DDS
"Medical Considerations in Dental Practice"

 DR: _____
 STAFF: _____

DDS MBR		ADA MBR		NON MBR	
\$285/\$305		\$325/\$345		\$525/\$545	
\$135.00		\$145.00		\$160.00	
\$135.00		\$145.00		\$160.00	

FRIDAY, NOVEMBER 17, 2017
DR. SAMUEL LEE, DDS
*"Horizontal and Vertical Bone Grafting
 for Implant Dentistry"*

 DR: _____
 STAFF: _____

DDS MBR		ADA MBR		NON MBR	
\$285/\$305		\$325/\$345		\$525/\$545	
\$135.00		\$145.00		\$160.00	
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Dayton Dental Society **full-dues paying members** may deduct \$150.00 from the cost of one seminar
 Retired ADA members are welcome to attend at staff fees.

MC / VISA #: _____ EXPIRATION DATE: _____

BILLING ZIP CODE: _____ TOTAL AMOUNT DUE: _____

IF PAYING BY CREDIT CARD, you may fax your registration to us at 937-294-7099