

# Stanislaus Dental Society



Joy Brack, RDA

**OSHA/Infection Control**  
3 Hours Core CEU's  
Virtual Zoom Course

**Dental Practice Act**  
2 Hours Core CEU's  
Virtual Zoom Course

**Virtual courses require ZOOM email for each attendee! (Check One)**

Name: \_\_\_\_\_ DDS \_\_\_\_\_ RDH \_\_\_\_\_ Lic. \_\_\_\_\_

Email: \_\_\_\_\_ RDA \_\_\_\_\_ AUX \_\_\_\_\_

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Name: \_\_\_\_\_ DDS \_\_\_\_\_ RDH \_\_\_\_\_ Lic. \_\_\_\_\_

Email: \_\_\_\_\_ RDA \_\_\_\_\_ AUX \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Registration Fee</b>	
<b>OSHA</b>	<b>DPA</b>
\$45	\$30
(per person)	

**Payment:**

\_\_\_\_ Check **OSHA/InfntnCtrl** \_\_\_\_\_ **DPA** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_ Credit Card (VISA/MasterCard/Amer. Express)

Name on Card: \_\_\_\_\_ CV(3-digits) \_\_\_\_\_

CC# \_\_\_\_\_ Exp. (mm) \_\_\_\_\_ (yr) \_\_\_\_\_

Mail registration form and checks to: Stanislaus Dental Society  
2401 E. Orangeburg Ave. Ste. 675-319 Modesto, CA 95355

C/C registrations can be emailed, sdsdent@thevision.net. Fee must accompany the registration form.