

SDS 2019 BLS Renewal Course

Stanislaus Dental Society Education Committee is pleased to announce continuation of our BLS Renewal Course Program allowing SDS members and dental team members the opportunity to renew conveniently with a reasonable fee.

Time: 9:00am (SHARP) to 12:00pm

Credits: 3 Hours / Units

Cost: \$45.00 per person - Must be paid in advance to reserve your space in the class. FAX and registration by phone will only be accepted if paying by c/c.

Location: KCI / EMS 4836 Stratos Way. Unit A, Modesto (Off Kiernan, off McHenry)

Changes must be submitted one week prior to your class date. Please do not arrive without an appointment; you will not be allowed to attend. Contact the SDS office if canceling; there is a wait list of attendees wanting your spot!

Registration fees for no-shows are *forfeited* and are not transferable to another course!

**Note: If the following dates do not work for you, go to the following site, <u>http://kciems.org/</u> and choose another date from their calendar. Make sure to let them know you are part of the Stanislaus Dental Society and they will offer you the discounted fee.

<u>Please retain a copy of this notice and mark your calendar</u> <u>as no followup confirmation will be issued. You will only be</u> <u>contacted if the course you want is full.</u>

TIME

Friday, January 4	9:00am – 12:00pm
Friday, February 1	9:00am – 12:00pm
Friday, March 1	9:00am – 12:00pm
Friday, April 5	9:00am – 12:00pm
Friday, May 3	9:00am – 12:00pm
Friday, June 7	9:00am – 12:00pm

DATE

The American Heart Association requests that every attendee purchase the Basic Life Support (BLS) Provider Manual prior to the course. The book can be purchased online for \$13.25 at, <u>http://shop.aha.channing-bete.com</u>. Choose Item #15-1010. The book is also available for download as an EBook. ***Note:** If you Google the name of the book you can find it at various sites for \$6. Please bring the manual or EBook with you to class.

!WALK-INS NOT ACCEPTED – YOU MUST BE PRE-REGISTERED!

Stanislaus Dental Society REGISTRATION FORM 2019 BLS - \$45.00 per person				
OFF	CE OF DRPHONE:			
ADD	RESS			
(PRINT NAME CLEARLY AND EXACTLY AS IT SHOULD APPEAR ON YOUR BLS CARD)				
REG	ISTER:	SPECIFY DATE:		
1)	NAME:			
2)	NAME:			
3)	NAME:			
4)	NAME:			
5)	NAME:			
6)	NAME:			
7)	NAME:			
8)	NAME:			
9)	NAME:			
<u>Pay</u>	<u>nent</u> :			
	_Check Amount: \$			
	_Credit Card (American Express/VISA/MasterCard/Discover)			
(Crea	it card payments can be mailed, faxed 522-9448 or emailed sdsdent@th	evision.net)		
Nam	e on Card:	CV(3-digits)		
CC#	Exp. (m	m/yr)		
Stan 2401	egistration form and payment to: slaus Dental Society E. Orangeburg Ave. Ste. 675-319 esto, CA 95355			
	Telephone reservations will not be ac	cepted!		
Please note: Your check for the appropriate amount and the form indicating the date you have selected <u>must be received no later than 2 weeks</u> prior to the BLS class. Registrations will be accepted on a first-received, first-served basis.				