



# SDS 2020 BLS Renewal Course

**Stanislaus Dental Society** Continuing Education Committee is pleased to announce continuation of our BLS Renewal Course Program allowing SDS members and staff the opportunity for recertification conveniently and at a minimal cost.

**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.**

**!!New 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 class!

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

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DATE	TIME
<u>Friday, January 10</u>	9:00am – 12:00pm
<u>Friday, February 7</u>	9:00am – 12:00pm
<u>Friday, March 6</u>	9:00am – 12:00pm
<u>Friday, April 3</u>	9:00am – 12:00pm
<u>Friday, May 1</u>	9:00am – 12:00pm
<u>Friday, June 5</u>	9:00am – 12:00pm

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 \$14.50 at, <https://shopcpr.heart.org/bls-provider-manual> 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**  
**2020 BLS - \$45.00 per person**

OFFICE OF DR. \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

(PRINT NAME CLEARLY AND EXACTLY AS IT SHOULD APPEAR ON YOUR BLS CARD)

**REGISTER:**

**SPECIFY DATE:**

- |                |       |
|----------------|-------|
| 1) NAME: _____ | _____ |
| 2) NAME: _____ | _____ |
| 3) NAME: _____ | _____ |
| 4) NAME: _____ | _____ |
| 5) NAME: _____ | _____ |
| 6) NAME: _____ | _____ |
| 7) NAME: _____ | _____ |
| 8) NAME: _____ | _____ |
| 9) NAME: _____ | _____ |

**Payment:**

\_\_\_\_\_ Check                      Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Credit Card (American Express/VISA/MasterCard/Discover)

(Credit card payments can be mailed, faxed 522-9448 or emailed sdsdent@thevision.net)

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

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

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

**Telephone reservations will not be accepted!**

**Please note:** Your check for the appropriate amount and the form indicating the date you have selected **must be received no later than 2 weeks** prior to the BLS class. Registrations will be accepted on a first-received, first-served basis.