

Infection Control and Dental Practice Act-Zoom Recording

Registration must include email for each attendee!

(Circle)

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

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Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Office Address: _____

City: _____ Zip: _____

Telephone: _____

Email: _____

This is a four-hour Zoom recording. A quiz must be completed and graded prior to receiving a 4 CEU certificate.

Tuition and Enrollment	
CDA Members.....	\$75
Auxiliary	\$40
Hygienists.....	\$60
Non-Member Dentists	\$100

Payment:

_____ Check Amount: \$ _____

_____ Credit Card (Amer. Express/VISA/MasterCard)

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 registration form.