

2010 Winter Session Schedule

AT A GLANCE

REGISTRATION DEADLINES

Early Registration Deadline: January 8, 2010. After this date, all registration categories increase by \$25 per attendee.

EFDA Restorative Course Deadline: December 11, 2009.

Refunds/Cancellations: All refund and cancellation requests must be made in writing. A \$50 handling fee, per registrant, will be charged for all refunds prior to January 15, 2010. Refunds will not be granted, for any reason, after 11:59 pm on January 15. Registrations may be transferred at any time without penalty.

REGISTRATION DETAILS

Course Codes: Use the course codes to indicate which courses each registrant wishes to attend. If you have more registrants than space on the form, continue with another form and send in together.

Please Note: Checks, MasterCard and VISA accepted. An entire office can register on one form and make one payment.



WEB www.modental.org/wintersession
Register/pay online or download a registration form.



FAX 573-635-0764
Fax registration with credit card payment.



MAIL **Missouri Dental Association**
3340 American Ave,
Jefferson City MO 65109
Mail registration with payment.

Questions....call 573-634-3436 or 800-688-1907 or email admin@modental.org.

HOTEL RESERVATIONS

For reservations at **Holiday Inn Select Executive Center** call 800-HOLIDAY or 573-445-8531. **Reservations must be made by December 21, 2009.** Room rate is \$86.95 plus tax, per night. When reserving state you're with the MDA. You may also book online from the link at www.MODENTAL.org.

COURSE DISCLAIMER

The Winter Session, its sponsors and the Missouri Dental Association make every effort to present high-caliber speakers in their respective area of interest. The presentations of the speakers in no way imply the endorsement of any product, technique or service. The Winter Session and the MDA specifically disclaim responsibility for any material presented. Programs maybe subject to change due to circumstances beyond our control.

FRIDAY, JANUARY 22

| CODE | TITLE | SPEAKER | TIME | CEU | DENTIST | OTHERS | ASSOCIATE | STUDENTS |
|------|--|----------------------|--------------|------|---------|--------|-----------|----------|
| 100 | Recipes for Predictable Anterior Esthetics: Diagnosis and Treatment Planning | Dr. Gerard Chiche | 8:30a to 12p | 3.25 | \$75 | \$50 | \$40 | Free |
| 110 | What's New in the World of Infectious Disease | Barbara Bancroft, RN | 8:30a to 12p | 3.25 | \$75 | \$50 | \$40 | Free |
| 120 | Basic Life Support for the Healthcare Provider <i>Limited to 50 registrants</i> | CPR Plus | 8a to 12p | 3.75 | \$75 | \$50 | \$40 | \$50 |
| 130 | EFDA Placement of Restorative Materials | Dr. Ed Kendrick | 8a to 4p | 6.5 | | \$350 | \$350 | |
| 140 | Basic Skills Review Course | | 8a to 5p | 7.5 | | \$110 | \$110 | |
| 150 | Recipes for Predictable Anterior Esthetics: Esthetic Quality Control-Keys to Success | Dr. Gerard Chiche | 1p to 4:30p | 3.25 | \$75 | \$50 | \$40 | Free |
| 160 | Shampoos, Tattoos & Barbeques | Barbara Bancroft, RN | 1p to 4:30p | 3.25 | \$75 | \$50 | \$40 | Free |
| 170 | Putting into Place the BMP's for Amalgam Waste | Dr. Fred Eichmiller | 1p to 4:30p | 3.25 | \$50 | \$50 | \$40 | Free |

SATURDAY, JANUARY 23

| CODE | TITLE | SPEAKER | TIME | CEU | DENTIST | OTHERS | ASSOCIATE | STUDENTS |
|------|--|---------------------|-----------------|------|---------|--------|-----------|----------|
| 200 | NiTi Endodontic Rotary Instrumentation | Dr. James Kulid | 8:30a to 12p | 3.25 | \$75 | \$50 | \$40 | Free |
| 210 | Doctor-Team Recipe for Prosperity | Dr. Susan Maples | 8:30a to 12p | 3.25 | \$75 | \$50 | \$40 | Free |
| 220 | Putting into Place the BMP's for Amalgam Waste | Dr. Fred Eichmiller | 8:30a to 12p | 3.25 | \$50 | \$50 | \$40 | Free |
| 230 | Basic Life Support for the Healthcare Provider <i>Limited to 50 registrants</i> | CPR Plus | 8a to 12p | 3.75 | \$75 | \$50 | \$40 | \$50 |
| 240 | Endodontic Obturation: Predictably Successful Materials and Techniques | Dr. James Kulid | 12:30p to 3:30p | 2.75 | \$75 | \$50 | \$40 | Free |
| 250 | Doctor-Team-Patient Recipe for Prosperity in Challenging Times | Dr. Susan Maples | 12:30p to 3:30p | 2.75 | \$75 | \$50 | \$40 | Free |
| 260 | Basic Skills Exam | | 12p to 1:30p | | | \$55 | \$55 | |

MEALS & SPECIAL EVENTS

| CODE | DESCRIPTION | DAY | TIME | FEE | REGISTER |
|------|-------------------------------------|----------|---------------------------------|---------|--|
| 300 | Lunch | Friday | 12p to 1p | Free | Registration required. Must have ticket. |
| 310 | Happy Hour | Friday | 4:30p to 6p | Free | Registration required for (2) free drink tickets. |
| 320 | Shuttle to Isle of Capri Casino | Friday | Departs 6:30p Returns 10:30p | Free | Registration required. <i>Limited 50 registrants.</i> |
| 330 | American College Reception & Dinner | Friday | 7p to 10p | \$50/pp | If registering for the American College dinner only, you must register with MDA by fax or phone. |
| 340 | Yoga Class | Saturday | 6:30a to 7:30a | Free | Registration required. Bring your own yoga mat. <i>Limited 25 registrants.</i> |
| 350 | Boxed Lunch - Smoked Turkey | | | | |
| 360 | Boxed Lunch - Ham and Swiss | Saturday | 12p | \$16 | Ticket required. |
| 370 | Boxed Lunch - Vegetarian | | | | |

*OTHERS' category includes: Retired Members, Recent Grads, Office Staff & Auxiliaries, Lab Techs and Spouses/Guests
*ASSOCIATE' category includes: Registered Dental Hygienists, Certified Dental Assistants, Expanded Functions Dental Assistants and Certified Dental Lab Techs that hold Associate Membership in the MDA.

ADA CERP  Continuing Education Recognition Program

The MDA is an ADA CERP recognized provider. The Academy of General Dentistry (AGD) accepts ADA CERP programs for its fellowship programs. CE cards are given at the end of each session.

2010 WINTER SESSION REGISTRATION

1 PRIMARY REGISTRANT

*Please print clearly for accurate processing.
Please make a copy of registration for your records.
Confirmation of registration will not be sent.*

Name _____

Degree/Title _____ ADA # _____

Office Address _____

City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

2 PLEASE PROVIDE EMAILS FOR ALL REGISTRANTS

Registrant 1) _____

Registrant 2) _____

Registrant 3) _____

Registrant 4) _____

Registrant 5) _____

3 REGISTRATION CATEGORY & FEE

| CODE | TYPE | BY JAN 8 | AFTER JAN 8 |
|------|-------------------------------|----------|-------------|
| A | MDA Member | \$25 | \$50 |
| B | MDA Retired Member | \$25 | \$50 |
| C | MDA Recent Grad (1-4 yrs out) | Free | \$25 |
| D | ADA Member (Non MDA) | \$50 | \$75 |
| E | Non-Member | \$175 | \$200 |
| F | MDA Associate Member | \$25 | \$50 |
| G | Dental Hygienist | \$25 | \$50 |
| H | Dental Assistant | \$25 | \$50 |
| I | Business Asst/Office Manager | \$25 | \$50 |
| J | Dentist Spouse/Guest | \$25 | \$50 |
| K | Dental Lab Technician | \$25 | \$50 |
| L | Dental Students | Free | \$25 |
| M | Child (8-18) | \$10 | \$35 |
| N | Child (up to age 7) | Free | \$25 |

DEADLINES, REFUNDS CANCELLATIONS

Early Registration Deadline:
January 8, 2010

After this date, all registration categories increase by \$25 per registrant.

EFDA Restorative Course Deadline:
December 11, 2009

EFDA Course registrants must include a copy of CDA, COA or Basic Skills Certificate. For questions, contact Mandy at the MDA.

Refunds & Cancellations

All refund and cancellation requests MUST be made in writing. A \$50 handling fee, PER REGISTRANT, will be charged for all refunds prior to January 15. Refunds will not be granted, FOR ANY REASON, after 11:59 p.m. on January 15. Registrations may be transferred at any time without penalty.

4 NAME BADGE INFO & FEE CALCULATION

| | | | REGISTRATION LETTER & FEE | | COURSE/EVENT CODE & FEE | | COURSE/EVENT CODE & FEE | | COURSE/EVENT CODE & FEE | | COURSE/EVENT CODE & FEE | | COURSE/EVENT CODE & FEE | | COURSE/EVENT CODE & FEE | | FEE TOTAL FOR REGISTRANT | |
|----|------------|-----------|---------------------------|--------|-------------------------|------|-------------------------|------|-------------------------|------|-------------------------|------|-------------------------|------|-------------------------|------|--------------------------|-----------|
| 1) | First Name | Last Name | Degree | Letter | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | FEE TOTAL |
| 2) | First Name | Last Name | Degree | Letter | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | FEE TOTAL |
| 3) | First Name | Last Name | Degree | Letter | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | FEE TOTAL |
| 4) | First Name | Last Name | Degree | Letter | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | FEE TOTAL |
| 5) | First Name | Last Name | Degree | Letter | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | Code | Fee | FEE TOTAL |

5 PAYMENT DETAILS

Grand Total of Fees from All Registrants \$ _____

Check VISA MasterCard

Check # _____

Card # _____ Exp Date _____

Name on Card _____ Signature _____

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6 RETURN FORM

Return completed form with check or credit card payment to:

Missouri Dental Association
3340 American Ave, Jefferson City MO 65109

Credit Card Payments Only

Fax to 573-635-0764

You also may register online at
www.MODENTAL.org.