The James B Edwards College of Dental Medicine  XIX Annual Continuing Education Course
The Dr. Carlos F. Salinas Dental Program for the Diagnosis and Treatment of Individuals with Special Health Care Needs
Friday, September 29, 2017

LOCATION:  
North Charleston Convention Center  (Adjacent to Embassy Suites Hotel)
Ballroom A
5001 Coliseum Drive
North Charleston, South Carolina 29418

SCHEDULE:
7:30 a.m.- 8:00 a.m.  
Registration and Continental breakfast
8:15 a.m. – 3:30 p.m.;  
Course Sessions

Featured Presenters will be Karen Raposa RDH MBA; Betsy Davis DMD MS; Rhet Tucker MD; Mo Coover DDS; Steve Beetstra DDS; Jeffery l. Hicks BS DDS; Maureen (Romer) Munnelly Perry DDS MPA

ATTENDEE INFORMATION: (one registration form per person, please print)

Name:_________________________________________________________________________________
Degree: _____________     Name preferred on course badge:_____________________________________
Address:_______________________________________________________________________________
City: _________________________________________   State: ________  Zip Code:_________________
Telephone:_____________________________       Email________________________________________

The MUSC JBE College of Dental Medicine is an ADA CERP recognized provider.  ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education.  ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.  The MUSC JBE College of Dental Medicine designates this activity for 6.0 hours of continuing education credits.  The objective of this course is to provide current oral health information about patients with special needs to the dental professionals in SC. With this collaboration, our goal is the reduction of oral health disparities and achieving a better quality of life for this special and very vulnerable segment of our population. It will offer a combination of lectures, visual presentations and Q&A sessions.

REGISTRATION: (Please make checks payable to “MUSC Foundation.”)
□ Dentists, MD, Ph.D. - $120.00
□ Retired dentist - $80.00
□ Dental hygienist, other health professionals - $80.00
□ Student members of American Academy of Developmental Medicine & Dentistry (AADMD) - $80.00
□ I would like to sponsor the tuition for ____ (AADMD) dental student(s) X $80.00 each.
□ I would like to make a one time donation to the program in memory of Dr. Carlos Salinas  $____________

Please note that only mailed registrations with checks will be honored.

Total amount enclosed $________________

MAIL TO:
Dr. S. Ted McGill
Medical University of South Carolina
James B. Edwards College of Dental Medicine
173 Ashley Avenue, BSB 552 MSC 507
Charleston, SC 29425-5070

QUESTIONS:  
If you need additional information, including cancellation policy, please contact  
Dr.S.Ted McGill
megillt@musc.edu

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