

SDDS Member's Name:		
Who's going to be listening? (including member dentist if attending) (include designation)	Supervisor or Employee?	Who's going to be list (include designation)
Name:	□S □E	Name:

Who's going to be listening? (including member dentist if attending) (include designation)	Supervisor or Employee?	Who's going to be listening? (include designation)	Supervisor or Employee?
Name:	□S □E	Name:	□S □E
phone & email:	phone & email:		
Name:	□S □E	Name:	□S □E
phone & email:	phone & email:		
Name:	□S □E	Name:	□S □E
phone & email:	phone & email:		
Name:	□S □E	Name:	□S □E
phone & email:	phone & email:		
Name:	□S □E	Name:	□S □E
phone & email:	phone & email:		

Designation: _

Payment Method: 🗌 Check 🔲 Credit Card	Total Amount: \$	
Cardholder Name:	Card #:	Exp. Date:
Security Code (3-digit number on back of card): _	Billing Address:	

The Sacramento District Dental Society is an approved CE provider through the Dental Board of California (RP2168) • This course meets the Dental Board of California's requirements for units of CE listed.

Cancellation Policy: NO REFUNDS. Attendee Registrant Substitutions OK. No date changes accepted.