

Study Club Course Information Sheet 09/10

Once you complete your meeting, please fill out the following information and return this form along with the sign-in roster to:

Mississippi Dental Association
2630 Ridgewood Road
Suite C
Jackson, MS 39216-4920
(601)982-0442 FAX (601)366-3050
e-mail: office@msdental.org

(Please type or print)

Course Title (must be ten words or less)

Course Description (brief summary of what the course is about)

Course Location (address of where program will be presented- city, state, zip)

Date(s) course presented

Number of hours for course presentation (CEUs) _____

Course Type (check one) Lecture Participation

Subject Area _____
(Ex: anesthesia, pain control, geriatric dentistry, oral pathology, periodontics, implants, radiology, practice administration, dental materials, infection control, oral surgery, prosthodontics, esthetics or other areas)

Course Designed for (check all that apply)

General dentist Specialist _____

Hygienist Assistant

Lab Technician Other

Presenter (who will present the course)

Credentials of the Presenter (education degrees, certification, etc.)

Phone number or e-mail address of presenter

I certify that the information listed on this sheet is correct.

Authorizing Signature _____ Date _____

I can be contacted at: (_____) _____ or e-mail: _____